



# 10 Year Level Term Life

*Protecting  
your family  
has never been  
so affordable!*



**SOUTHWEST SERVICE LIFE INSURANCE COMPANY**





# 10 Year Level Term Life

▼ Issue Ages 18-65

▼ Issue Amounts  
\$10,000 to \$25,000



## SOUTHWEST SERVICE LIFE INSURANCE COMPANY

Policy Form SWLT-10

### CONDITIONAL RECEIPT:

**THIS RECEIPT DOES NOT PROVIDE ANY INSURANCE UNTIL ITS CONDITIONS ARE MET:**

Received from \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, the sum of \$ \_\_\_\_\_ the correct first premium contained in the application subject to the following conditions:

(1) The Applicant is acceptable to and approved by the Company as insurable under the Company's underwriting rules. (2) If any Applicant is not acceptable to and approved by Company, as above specified, then no insurance shall become effective on any Applicant and the Company shall incur no liability hereunder except to return the amount shown by this receipt. (3) The Company is not liable for any loss whatsoever sustained before a policy is actually issued by the Company and delivered to the applicant and the applicant's health remains as described in the application, and the Company is then liable only as provided and limited in the policy.

Signature of Soliciting Agent \_\_\_\_\_

All premium checks must be made payable to the Company. Do not make payable to the agent or leave payee blank.



**Southwest Service Life Insurance Company**  
(A Stipulated Premium Company)  
Fort Worth, Texas

# LIFE INSURANCE APPLICATION

BILLING MODE	CWA	SPECIAL REQUEST	POLICY NUMBER
			AGENT NUMBER

Mail Policy to ☐ Policyholder ☐ Agent

PLEASE PRINT

PROPOSED INSURED	AGE	SEX	DATE OF BIRTH			HT.	WT.	INITIAL FACE AMOUNT	SOCIAL SECURITY NUMBER
			MO.	DAY	YR.				
1.									
2.									

  

Telephone Number ( _____ ) _____ Daytime Telephone Number ( _____ ) _____ Address of proposed insured _____ Email Address _____ Address _____ City & State _____ Zip _____ To whom should premium notices be sent? Name _____ SS# _____ Address _____ City & State _____ Zip _____ Name of Family Physician? _____ Address _____ City _____ State _____	Occupation _____ Mode of Premium Payment (check): <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Monthly Bank Draft Premium: \$ _____ Primary Beneficiary _____ Relationship _____ SS# _____ Address _____ City/State/Zip _____ Contingent Beneficiary _____ Relationship _____ SS# _____ Address _____ City/State/Zip _____
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(a) Are you now in good health and without physical or mental defect or deformity? ..... ☐ YES ☐ NO

(b) Will the life insurance being applied for replace or change any existing life insurance or annuity? ..... ☐ YES ☐ NO

(c) Have you ever used tobacco in any form? (if YES, give type and frequency of use below) ..... ☐ YES ☐ NO

(d) Have you been hospitalized within the past three years? (if YES, detail below) ..... ☐ YES ☐ NO

(e) List all prescription medicines currently being taken by the applicant. \_\_\_\_\_

If any of the following questions are answered "YES", coverage **CANNOT** be issued.

- |   |  |
|---|--|
| 1. Has any applicant <b>EVER</b> been diagnosed with or treated for insulin dependent diabetes or had any type of amputation caused by disease or EVER received or been advised to have an organ transplant? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>2. Has any applicant <b>EVER</b> been HIV positive, or <b>EVER</b> had or been treated for AIDS or ARC? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>3. Has any applicant <b>EVER</b> been diagnosed with or treated for Alzheimer's disease, Cirrhosis of the liver, or had dialysis? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>4. Has any applicant <b>EVER</b> been diagnosed or treated for congestive heart failure, heart attack, stroke, | internal cancer, malignant melanoma, renal failure leukemia or Hodgkin's disease? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>5. Is any applicant currently hospitalized or confined to a nursing facility? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>6. Is any applicant bedridden or confined to a wheelchair? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>7. In the past five years, has any applicant been diagnosed or treated for mental illness, alcoholism, or drug addiction? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>8. Within the past five years, has any applicant used oxygen equipment at home to assist in breathing?.. <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

ANY MISSTATEMENTS AS TO HEALTH OR PHYSICAL CONDITION, THAT SHALL MATERIALLY INCREASE THE RISK ASSUMED, SHALL CAUSE THIS POLICY TO BECOME NULL AND VOID WITHIN THE CONTESTABLE PERIOD.

AGREEMENT: I hereby apply to Southwest Service Life of Fort Worth, Texas, for a policy solely and entirely in reliance upon the written answers to the foregoing questions and I expressly agree on behalf of myself and any person who shall claim any interest in any policy issued on this application as follows: (1) All statements and answers contained herein are full, complete and true to the best of my knowledge and belief. (2) The insurance hereby applied for shall not be considered in force until a policy is issued and manually received and accepted by me and the full first premium paid thereon while the proposed Insured's health and other conditions remain as described in this application. (3) On behalf of myself, each of us, and of every person who shall have or claim an interest in any policy issued as a result of my application, I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institution or person, that has any records or knowledge of me or my health, to give Southwest Service Life Insurance Company, or its reinsurers, any such information. I also agree that all provisions of law prohibiting or exempting physicians or hospital officials from testifying or disclosing information are waived in favor of Southwest Service Life Insurance Company. A photocopy of this authorization is to be considered as valid as the original. I UNDERSTAND THIS POLICY HAS NO CASH OR LOAN VALUES.

Dated at \_\_\_\_\_ CITY & STATE

Signed \_\_\_\_\_ PROPOSED INSURED

On \_\_\_\_\_, 20 \_\_\_\_\_ CITY & STATE

Signed \_\_\_\_\_ APPLICANT IF OTHER THAN PROPOSED INSURED

Agent \_\_\_\_\_ No. \_\_\_\_\_

RELATION OF APPLICANT TO PROPOSED INSURED



# 10 Year Term Life

## SOUTHWEST SERVICE LIFE INSURANCE COMPANY

Issue Amounts up to \$25,000 - Issue Ages 18 to 65 - Policy Form 3 SWLT-10

**Policy Fee: Annually \$25.00, Semi-Annually \$13.00, Quarterly \$6.63, Monthly \$2.50, Monthly Bank Draft \$2.25**

Premium Rates for SWLT-10

### MALE NON-TOBACCO USER

Rates per \$1,000 Face Amount

AGE	ANNUAL	MO	MBD
18-30	4.40	0.44	0.40
31	4.41	0.44	0.40
32	4.43	0.44	0.40
33	4.45	0.45	0.40
34	4.47	0.45	0.40
35	4.50	0.45	0.41
36	4.66	0.47	0.42
37	4.84	0.48	0.44
38	5.02	0.50	0.45
39	5.21	0.52	0.47
40	5.40	0.54	0.49
41	5.67	0.57	0.51
42	5.97	0.60	0.54
43	6.29	0.63	0.57
44	6.63	0.66	0.60
45	7.00	0.70	0.63
46	7.50	0.75	0.68
47	8.02	0.80	0.72
48	8.57	0.86	0.77
49	9.14	0.91	0.82
50	9.75	0.98	0.88
51	10.76	1.08	0.97
52	11.82	1.18	1.06
53	12.92	1.29	1.16
54	14.07	1.41	1.27
55	15.25	1.53	1.37
56	16.58	1.66	1.49
57	17.98	1.80	1.62
58	19.45	1.95	1.75
59	20.99	2.10	1.89
60	22.60	2.26	2.03
61	23.30	2.33	2.10
62	24.14	2.41	2.17
63	25.11	2.51	2.26
64	26.22	2.62	2.36
65	27.50	2.75	2.48

Premium Rates for SWLT-10

### FEMALE NON-TOBACCO USER

Rates per \$1,000 Face Amount

AGE	ANNUAL	MO	MBD
18-30	3.80	0.38	0.34
31	3.85	0.39	0.35
32	3.90	0.39	0.35
33	3.96	0.40	0.36
34	4.03	0.40	0.36
35	4.07	0.41	0.37
36	4.22	0.42	0.38
37	4.38	0.44	0.39
38	4.53	0.45	0.41
39	4.68	0.47	0.42
40	4.82	0.48	0.43
41	5.03	0.50	0.45
42	5.24	0.52	0.47
43	5.46	0.55	0.49
44	5.68	0.57	0.51
45	5.92	0.59	0.53
46	6.16	0.62	0.55
47	6.40	0.64	0.58
48	6.65	0.67	0.60
49	6.89	0.69	0.62
50	7.12	0.71	0.64
51	7.42	0.74	0.67
52	7.73	0.77	0.70
53	8.05	0.81	0.72
54	8.40	0.84	0.76
55	8.79	0.88	0.79
56	9.44	0.94	0.85
57	10.13	1.01	0.91
58	10.86	1.09	0.98
59	11.66	1.17	1.05
60	12.50	1.25	1.13
61	13.26	1.33	1.19
62	14.10	1.41	1.27
63	15.07	1.51	1.36
64	16.14	1.61	1.45
65	17.32	1.73	1.56

Premium Rates for SWLT-10

### MALE TOBACCO USER

Rates per \$1,000 Face Amount

AGE	ANNUAL	MO	MBD
18-30	5.25	0.53	0.47
31	5.25	0.53	0.47
32	5.47	0.55	0.49
33	5.61	0.56	0.50
34	5.75	0.58	0.52
35	5.90	0.59	0.53
36	6.38	0.64	0.57
37	6.89	0.69	0.62
38	7.41	0.74	0.67
39	7.95	0.80	0.72
40	8.50	0.85	0.77
41	9.32	0.93	0.84
42	10.17	1.02	0.92
43	11.06	1.11	1.00
44	12.01	1.20	1.08
45	13.00	1.30	1.17
46	14.22	1.42	1.28
47	15.48	1.55	1.39
48	16.78	1.68	1.51
49	18.12	1.81	1.63
50	19.50	1.95	1.76
51	21.27	2.13	1.91
52	23.09	2.31	2.08
53	24.97	2.50	2.25
54	26.90	2.69	2.42
55	28.90	2.89	2.60
56	31.01	3.10	2.79
57	33.17	3.32	2.99
58	35.39	3.54	3.19
59	37.67	3.77	3.39
60	40.00	4.00	3.60
61	41.24	4.12	3.71
62	42.65	4.27	3.84
63	44.25	4.43	3.98
64	46.03	4.60	4.14
65	48.00	4.80	4.32

Premium Rates for SWLT-10

### FEMALE TOBACCO USER

Rates per \$1,000 Face Amount

AGE	ANNUAL	MO	MBD
18-30	4.63	0.46	0.42
31	4.74	0.47	0.43
32	4.88	0.49	0.44
33	5.02	0.50	0.45
34	5.18	0.52	0.47
35	5.34	0.53	0.48
36	5.67	0.57	0.51
37	6.02	0.60	0.54
38	6.36	0.64	0.57
39	6.71	0.67	0.60
40	7.05	0.71	0.63
41	7.52	0.75	0.68
42	7.98	0.80	0.72
43	8.45	0.85	0.76
44	8.95	0.90	0.81
45	9.47	0.95	0.85
46	9.98	1.00	0.90
47	10.50	1.05	0.95
48	11.02	1.10	0.99
49	11.53	1.15	1.04
50	12.00	1.20	1.08
51	12.97	1.30	1.17
52	13.93	1.39	1.25
53	14.91	1.49	1.34
54	15.95	1.60	1.44
55	17.00	1.70	1.53
56	18.02	1.80	1.62
57	19.06	1.91	1.72
58	20.15	2.02	1.81
59	21.31	2.13	1.92
60	22.50	2.25	2.03
61	23.14	2.31	2.08
62	23.87	2.39	2.15
63	24.76	2.48	2.23
64	25.82	2.58	2.32
65	27.00	2.70	2.43

MODE FACTOR    Semi-Annual - .52 / Quarterly - .265 / Monthly - .10

#### AUTHORIZATION TO HONOR CHECKS DRAWN BY SOUTHWEST SERVICE LIFE INSURANCE COMPANY, FORT WORTH, TEXAS, 76182

Bank Name ..... ☐ Checking ☐ Savings

Bank Address:.....

Routing Number:..... Account Number: .....

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of the Southwest Service Life Insurance Company, Fort Worth, Texas. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

This is a [Choose One]: .....

☐ Personal Account

☐ Business Account

Date

**X**

Accountholder's Signature exactly as it appears on Bank Records

Accountholder's address (If Business account, provide the name and address of the business here)