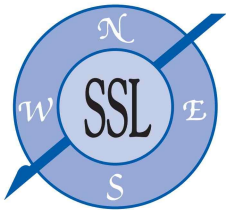


HOME OFFICE  
Fort Worth, Texas

[illegible]

# HELP

**H.E.L.P.** is  
available when  
your  
loved ones  
need it most!



## PLAN NOW FOR THOSE YOU LOVE

There are many separate decisions to be made within just a few hours after a death in the family. This plan will free your loved ones from the financial worry over final expenses by providing your beneficiary with **H.E.L.P.** when they need it most!

- ★ Very affordable rates.
- ★ Full and immediate benefit after issue.
- ★ Policy is good anywhere in the world.
- ★ Benefits do not reduce.
- ★ Rates do not increase.
- ★ Proceeds are tax free.
- ★ \$15,000 up to age 80.

**Hurried  
Emergency  
Life  
Payment**

In addition to the normal claim payment procedure in effect from the policy effective date, your policy will qualify for Southwest Service's emergency claim service after it has been in force two years.

A phone call from your beneficiary, or funeral director starts the claim process immediately.

Within 48 hours, 50% of the total benefit (not to exceed \$5,000) will be paid to your beneficiary or designated funeral home.

The remaining balance of the claim will be paid promptly after the death certificate is received.

*Your Plan ... Death Benefit ... \$* \_\_\_\_\_

### SOUTHWEST SERVICE LIFE INSURANCE COMPANY

P.O. Box 982005, Fort Worth, TX 76182

#### CONDITIONAL RECEIPT:

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

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

(1) If each Applicant would be acceptable to and approved by the Company as insurable under the Company's underwriting rules the insurance shall become effective as of the policy delivery date. (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 and delivered, and 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 POLICY FORM L-555

BILLING MODE	CWA	SPECIAL REQUEST	POLICY NUMBER
			AGENT NUMBER

Mail Policy to ☐ Policyholder ☐ Agent

PLEASE PRINT

	PROPOSED INSURED(S) NAME OF APPLICANT AND OF EACH MEMBER OF FAMILY GROUP	RELATIONSHIP	AGE	SEX	DATE OF BIRTH			HT.	WT.	AMT. OF BENEFITS	SOCIAL SECURITY #
					MO.	DAY	YR.				
1.											
2.											
3.											
4.											
5.											
6.											

Telephone Number ( _____ ) _____ Daytime Telephone Number ( _____ ) _____ <i>Address of proposed insured</i> Address _____ City & State _____ Zip _____ <i>To whom should premium notices be sent?</i> Name _____ 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: \$ _____ <table border="1"> <tr> <td>Beneficiary (Full Name)</td> <td>Relationship</td> </tr> <tr> <td>Primary</td> <td></td> </tr> <tr> <td>Contingent</td> <td></td> </tr> </table>	Beneficiary (Full Name)	Relationship	Primary		Contingent	
Beneficiary (Full Name)	Relationship						
Primary							
Contingent							

(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 been hospitalized within the past two years? (if YES, detail below) ..... ☐ YES ☐ NO

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

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

- Has any proposed insured ever been diagnosed with or treated for insulin dependent diabetes or ever received or been advised to have an organ transplant ..... ☐ YES ☐ NO
- Is any proposed insured currently hospitalized or confined to a nursing facility? ..... ☐ YES ☐ NO
- Is any proposed insured bedridden, or confined to a wheelchair, or during the past two years, has any proposed insured had any type of amputation caused by disease? ..... ☐ YES ☐ NO
- Has any proposed insured ever been HIV positive, or ever had or been treated for AIDS or ARC? ..... ☐ YES ☐ NO

- Within the past two years, has any proposed insured been diagnosed or treated for kidney failure, Alzheimer's disease, or had dialysis, or Cirrhosis of the liver? ..... ☐ YES ☐ NO
- In the past two years has any proposed insured been diagnosed or treated for mental illness, alcoholism or drug addiction? ..... ☐ YES ☐ NO
- Within the past two years, has any proposed insured used oxygen equipment to assist in breathing? ..... ☐ YES ☐ NO
- Within the past two years, has any proposed insured been diagnosed or treated for congestive heart failure, heart attack, stroke, internal cancer, malignant melanoma, leukemia or Hodgkin's disease? ..... ☐ YES ☐ 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 \_\_\_\_\_, \_\_\_\_\_ Signed \_\_\_\_\_ APPLICANT IF OTHER THAN PROPOSED INSURED  
MONTH AND DAY YEAR

Agent \_\_\_\_\_ No. \_\_\_\_\_ RELATION OF APPLICANT TO PROPOSED INSURED  
Form No. APP L-555 (1/2001)

The Company CANNOT issue Life coverage on any individual, if the applicant is not in good health.  
Monthly Payment Mode not available if less than \$7.00.

### \$1,000 Life Amount

AGES	ANNUAL	SEMI-ANNUAL	QTRLY	MONTHLY	DRAFT
1-15	10.00	5.50	2.75	1.00	0.90
16-25	12.68	6.97	3.49	1.27	1.14
26-35	16.53	9.09	4.55	1.65	1.49
36-45	24.17	13.29	6.65	2.42	2.18
46-50	37.44	20.59	10.30	3.74	3.37
51-55	49.61	27.29	13.64	4.96	4.46
56-60	65.73	36.15	18.08	6.57	5.92
61-65	87.24	47.98	23.99	8.72	7.85
66	98.98	53.34	26.67	9.70	8.73
67	102.72	56.50	28.25	10.27	9.24
68	108.83	59.86	29.93	10.88	9.79
69	115.32	63.43	31.71	11.53	10.38
70	122.18	67.20	33.60	12.22	11.00
71	129.48	71.21	35.61	12.95	11.65
72	137.25	75.49	37.74	13.73	12.35
73	145.50	80.03	40.01	14.55	13.09
74	154.22	84.82	42.41	15.42	13.88
75	163.41	89.88	44.94	16.34	14.71
76	173.25	95.29	47.64	17.33	15.59
77	183.73	101.05	50.53	18.37	16.54
78	194.49	106.97	53.48	19.45	17.50
79	206.72	113.70	56.85	20.67	18.60
80	219.74	120.86	60.43	21.97	19.78

### \$2,500 Life Amount

AGES	ANNUAL	SEMI-ANNUAL	QTRLY	MONTHLY	DRAFT
1-15	25.00	13.75	6.88	2.50	2.25
16-25	31.70	17.44	8.72	3.17	2.85
26-35	41.33	22.73	11.36	4.13	3.72
36-45	60.43	33.23	16.62	6.04	5.44
46-50	93.60	51.48	25.74	9.36	8.42
51-55	124.03	68.21	34.11	12.40	11.16
56-60	164.33	90.38	45.19	16.43	14.79
61-65	218.10	119.96	59.98	21.81	19.63
66	247.45	136.10	68.05	24.75	22.27
67	256.80	141.24	70.62	25.68	23.11
68	272.08	149.64	74.82	27.21	24.49
69	288.30	158.57	79.28	28.83	25.95
70	305.45	168.00	84.00	30.55	27.49
71	323.70	178.04	89.02	32.37	29.13
72	343.13	188.72	94.36	34.31	30.88
73	363.75	200.06	100.03	36.38	32.74
74	385.55	212.05	106.03	38.56	34.70
75	408.53	224.69	112.34	40.85	36.77
76	433.13	238.22	119.11	43.31	38.98
77	459.33	252.63	126.31	45.93	41.34
78	486.23	267.42	133.71	48.62	43.76
79	516.80	284.24	142.12	51.68	46.51
80	549.35	302.14	151.07	54.94	49.44

### \$5,000 Life Amount

AGES	ANNUAL	SEMI-ANNUAL	QTRLY	MONTHLY	DRAFT
1-15	50.00	27.50	13.75	5.00	4.50
16-25	63.40	34.87	17.44	6.34	5.71
26-35	82.65	45.46	22.73	8.27	7.44
36-45	120.85	66.47	33.23	12.09	10.88
46-50	187.20	102.96	51.48	18.72	16.85
51-55	248.05	136.43	68.21	24.81	22.32
56-60	328.65	180.76	90.38	32.87	29.58
61-65	436.20	239.91	119.96	43.62	39.26
66	494.90	272.20	136.10	49.49	44.54
67	513.60	282.48	141.24	51.36	46.22
68	544.15	299.28	149.64	54.42	48.97
69	576.60	317.13	158.57	57.66	51.89
70	610.90	336.00	168.00	61.09	54.98
71	647.40	356.07	178.04	64.74	58.27
72	686.25	377.44	188.72	68.63	61.76
73	727.50	400.13	200.06	72.75	65.48
74	771.10	424.11	212.05	77.11	69.40
75	817.05	449.38	224.69	81.71	73.53
76	866.25	476.44	238.22	86.63	77.96
77	918.65	505.26	252.63	91.87	82.68
78	972.45	534.85	267.42	97.25	87.52
79	1,033.60	568.48	284.24	103.36	93.02
80	1,098.70	604.29	302.14	109.87	98.88

### \$10,000 Life Amount

AGES	ANNUAL	SEMI-ANNUAL	QTRLY	MONTHLY	DRAFT
1-15	100.00	55.00	27.50	10.00	9.00
16-25	126.80	69.74	34.87	12.68	11.41
26-35	165.30	90.92	45.46	16.53	14.88
36-45	241.70	132.94	66.47	24.17	21.75
46-50	374.40	205.92	102.96	37.44	33.70
51-55	496.10	272.86	136.43	49.61	44.65
56-60	657.30	361.52	180.76	65.73	59.16
61-65	872.40	479.82	239.91	87.24	78.52
66	989.80	544.39	272.20	98.98	89.08
67	1,027.20	564.96	282.48	102.72	92.45
68	1,088.30	598.57	299.28	108.83	97.95
69	1,153.20	634.26	317.13	115.32	103.79
70	1,221.80	671.99	336.00	122.18	109.96
71	1,294.80	712.14	356.07	129.48	116.53
72	1,372.50	754.88	377.44	137.25	123.52
73	1,455.00	800.25	400.13	145.50	130.95
74	1,542.20	848.21	424.11	154.22	138.80
75	1,634.10	898.76	449.38	163.41	147.07
76	1,732.50	952.88	476.44	173.25	155.92
77	1,837.30	1,010.52	505.26	183.73	165.36
78	1,944.90	1,069.70	534.85	194.49	175.04
79	2,067.20	1,136.96	568.48	206.72	186.05
80	2,197.40	1,208.57	604.29	219.74	197.77

Policy reserves are based on 1956 Chamberlain Mortality Table at 3 1/2%

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

To: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank 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.

Date  
Form No. APP L-555 (1/2001)

Account No.

Signature EXACTLY as it appears on Bank Records