

Application for the Pastors Life Insurance Plan / Pensioners Death Benefit Plan

■ STEP 1: Complete Personal Information ■

Name _____ M F

Address _____

City, State, Zip _____ Home Phone _____

E-mail Address _____

Date of Birth (mm/dd/yy) _____ Social Security Number _____

Employer _____ District _____

Spouse's Name _____

Spouse's Date of Birth (mm/dd/yy) _____ Spouse's Soc. Sec. No. _____

■ STEP 2: Designate Beneficiary(ies) ■

Primary Beneficiary(ies): Beneficiaries named in this section will be considered primary

| Name | Relationship to Insured | Address |
|-------|-------------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Secondary Beneficiary(ies): If no primary beneficiaries survive you, proceeds will be paid to the surviving secondary beneficiaries named in this section

| Name | Relationship to Insured | Address |
|-------|-------------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The beneficiary of any life insurance covering the dependents will be the primary insured.
If you have questions, call toll free 1-888-888-4656 for assistance or a personal quote.

■ STEP 3: Date and Sign Your Application ■

Date _____ Signature _____

Please sign in ink

**Pensions and Benefits USA
17001 Prairie Star Parkway
Lenexa, KS 66220-7900**

■ P&B Office Use Only ■

Received _____ Effective _____