

Check here if this is a Supplemental App
 Original Insured _____
 Policy Number _____

Application made to:
ERIE FAMILY LIFE
INSURANCE COMPANY
 Erie, PA 16530

UNIVERSAL LIFE APPLICATION

- All Applicants
 Adult
 Juvenile (Ages 0-14)

PART I—Use black ink only.

All Persons Applying for Coverage:		SEX	RELATIONSHIP TO PROPOSED INSURED	DATE OF BIRTH	STATE OF BIRTH	HGT.	WGT.	NAME, ADDRESS & PHONE NO. OF PERSONAL PHYSICIAN (Include date last seen and reason.)
FULLNAME								
PROPOSED INSURED								
SPOUSE								

1. Address _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____
 Phone Number (_____) _____

2. How long at this address? _____ Previous address last 2 years _____

3. Employer's Name & Address _____

4. Occupation _____ How long? _____
 (Describe Duties) _____

5. Send Premium Notice to: Home Business

6. Proposed Insured is: Married Single
 Divorced Widowed

7. Social Security Number _____

8. Will this policy replace insurance or annuities with any company?
 Yes No (If "Yes," complete appropriate replacement forms in duplicate and mail one copy to EFL.)

9. Are you currently applying for or do you have any other life insurance in force other than this application?
 Yes No (If "Yes," list below)

Company	Amount	Year Issued

Has any person proposed for insurance: Yes No

12. Ever received disability benefits?

13. Ever been declined for insurance or offered a policy with an extra premium charge?

14. Flown as pilot or crew member within past 3 years or have any intentions of doing so in future? (If "Yes," complete Aviation Questionnaire.)

15. Had their driver's license revoked or suspended or had any driving while intoxicated violations within the past 3 years.
 If "Yes," give license # _____

16. Participated in auto racing, motorcycle racing, sky diving, or scuba diving within the past 3 years?
 (If "Yes," complete the appropriate questionnaire.)

17. Traveled outside of the United States or Canada in past 3 years or have any intentions of doing so in next 3 years?

18. Used tobacco in any form or any other nicotine dispensing products in the past 12 months?

19. Been convicted of a felony within the past 10 years?

DETAILS: (Questions 12-19) _____

10. Benefits Applied For: Initial Amount

Basic Death Benefit: Option A Option B \$ _____

Additional Term Insurance \$ _____

Accidental Death (Ages 5-60)* \$ _____

Guaranteed Insurability Option (Ages 0-37) \$ _____

Waiver of Premium (Ages 15-55)*

Spouse-Children Term Insurance _____ Units

Children's Term Insurance _____ Units

Other Insured Term Insurance

Name of Other Insured(s)	Occupation	Amount

JUVENILES PROPOSED FOR COVERAGE (Ages 0-14) Yes No

20. a. Is every child proposed for coverage in sound health?

b. Does any child have abnormal hearing or sight?

c. Does any child have a mental or physical defect or deformity?

d. Has any child had medical advice or treatment in past 5 years?

e. Has any child been declined for insurance or offered a policy with an extra premium charge?

DETAILS: Nature of Ailment And Treatment	Dates From/To	Name & Address of Physician

PLEASE NOTE Unless requested in Item 21, a minor proposed Insured will assume policy ownership at age 18.

If any "Other Insured" is not listed at the top of this application, complete a separate Supplemental Application.

*May be added to juvenile policies to become effective when minimum age is attained.

11. Primary Beneficiary	Relationship	Birthdate
		/ /
Contingent Beneficiary	Relationship	Birthdate
		/ /

21. Special Requests _____

(If corporation is to be policyowner, please indicate here and have Corporate Officer sign on page 2 at bottom right with their title.)

NOTE: The Proposed Insured is the Primary Beneficiary for all benefits on other persons covered by this policy, and the interests of the beneficiaries named above are subordinated accordingly.

22. PAYMENT PLAN

Annual Semi-Annual Quarterly Monthly
 Chek-matic (Attach Authorization) Other _____

PREMIUM CALCULATION

TARGET

MINIMUM

—Attach Securely to Application—

ANNUAL BASIS	PREMIUM PER \$1,000	NO. OF \$1000's	TOTAL	
Basic Policy*	\$	PLANNED (MODAL) PREMIUM \$
Policy Fee	—	—	\$	CASH WITH APPLICATION \$
Riders	\$	FULL FIRST PREMIUM <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	
*Including WP/AD if desired		TOTAL PREMIUM	\$	

ATTENTION AGENT: PLEASE COMPLETE IF APPLYING FOR OVER \$50,000.

PLEASE INDICATE PURPOSE OF INSURANCE, EITHER (A) PERSONAL OR (B) BUSINESS.

(A) PERSONAL INSURANCE: Income Replacement Personal Creditor
 Other _____

(B) BUSINESS INSURANCE: Key Person Stock Purchase
 Partnership Buy/Sell Business Creditor
 Other _____

IF APPLYING FOR \$100,000 OR MORE, INDICATE:

Estimated Annual Net Earned Income \$ _____
 Estimated Annual Net Unearned Income \$ _____

Estimated Annual Net Earned Income of Applicant \$ _____
 Estimated Annual Net Income of Business \$ _____
 Estimated Net Worth of Business \$ _____

CONDITIONAL RECEIPT

DO NOT DETACH UNLESS FULL FIRST PREMIUM IS PAID WITH APPLICATION

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO DELIVERY OF THE POLICY APPLIED FOR UNLESS AND UNTIL ALL CONDITIONS, INCLUDING THOSE FOUND ON THE REVERSE SIDE OF THIS RECEIPT, ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

IF, WITHIN THE LAST 12 MONTHS, ANY PERSON PROPOSED FOR COVERAGE HAS BEEN TREATED FOR OR HAD ANY HEART TROUBLE, STROKE, DIABETES, MENTAL ILLNESS, CANCER, OR ABNORMAL BLOOD PRESSURE REQUIRING MEDICATION, NO PAYMENT MAY BE ACCEPTED WITH THE APPLICATION.

Received \$ _____ from _____ on _____

in connection with an application for life insurance bearing the same date as this receipt.

Date _____ Agent _____

- IF, (1) an amount equal to the first full premium is submitted; **and**
 (2) all underwriting requirements, including any medical examinations required by the company's rules, are completed; **and**
 (3) the proposed insureds are, on the effective date indicated below, risks insurable for insurance exactly as applied for, without modification of plan, premium rate or amount, according to the company's rules and practices,

THEN insurance under the terms of the policy applied for—in the same manner and subject to the same rights, conditions, and defenses as if the policy applied for had been issued and delivered—shall become effective on the latest of (a) the date of the application, (b) the date of completion of all underwriting requirements, and (c) any date of issue requested in the application.

IF ALL OF THE CONDITIONS OF THIS RECEIPT HAVE BEEN MET, THEN THE AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY APPLIED FOR SHALL NOT EXCEED \$100,000.

If any of the above conditions is not met, the liability of the company shall be limited to the return of the amount submitted.