



Life Application Package

For The State Of New York

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

Important Things to Consider

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance may be costly.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need—and for how long—and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance also can be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance and cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period—even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.



The Penn Mutual Life Insurance Company and Penn Insurance and Annuity Company (The Company) wish to thank you for your application for insurance. In order for us to accurately underwrite this application, it is necessary to obtain some personal information about you. This information is necessary and vital to our business because it enables us to classify each applicant appropriately according to the risk he or she represents.

We at the Company are and always have been acutely aware of the responsibility placed upon us as possessors of private information. We safeguard such information and disclose it only for legitimate business or legal reasons. Below we will outline some of our underwriting procedures and explain certain rights that you have.

How We Collect Our Information

In addition to the information included in the application, the Company, its subsidiaries or its reinsurers will, as a part of our underwriting procedures, collect information relating to any proposed insured's physical and mental condition, health history, mode of living, general character and reputation, personal characteristics, habits, finances, occupation, other insurance coverage or participation in hazardous activities.

This information may be obtained from you personally or from physicians, medical professionals, hospitals, clinics or other medical care institutions which have provided care to you or to members of your family, from the MIB, Inc., public records, consumer reporting agencies, financial sources (such as your lawyer and/or accountant), other insurance companies, agents, friends, neighbors, employers, or business associates. We may obtain this information through exchanges of correspondence, by telephone, or by personal contact.

An investigative consumer report may be necessary. You have the right to obtain a copy of this report and to be interviewed personally as part of this process. If you desire this personal interview, please inform your agent. Should you want a copy of this report, write to us, and we will furnish the name and address of the consumer reporting agency. You may then contact this agency and request a copy. Should an investigative consumer report be obtained, the consumer reporting agency may retain that information in its files. Federal law prohibits such organizations from disclosing such information to other parties without your authorization.

We will also ask you some marketing questions which we will use solely for marketing analysis.

Access To This Information

The information about you, which we obtain and keep in our files, will not be disclosed to others without your authorization except to the extent necessary for the conducting of our business. For example, necessary items of information may be disclosed to persons or organizations which perform a business, professional or insurance function for us.

We may occasionally disclose certain information to a State Insurance Department, or when required, to law enforcement or other governmental authority to prevent or prosecute fraud or other unlawful activities.

Information about you may be given to other insurers, agents or insurance support organizations to enable them to perform a business function concerning an insurance transaction with you, or to help detect or prevent insurance fraud or misrepresentation. For your benefit we may disclose to your physician a medical problem of which you may not be aware. In addition, we may give information about you to an affiliated company so that it can inform you of insurance products or services.

How To Obtain This Information

You have the right of access to this information which the Company maintains in its files about you and which you reasonably describe. Within 30 business days of our receipt of your written request, you may have access to recorded information about you which is retrievable. However, medical information will be released only to a physician whom you designate. Your right of access does not extend to information which relates to and in connection with, or in reasonable anticipation of, a claim or civil or criminal proceeding. We will inform you of the nature and substance of the information and identify any institution source which gave us information. If recorded, we will advise you of those persons to whom such information has been disclosed within two years prior to the request, or if not recorded, we will give you the names of the persons or organizations to whom such information is normally disclosed. If you wish, we can arrange for you to see this information or obtain a copy by mail. You may request correction, amendment or deletion of any information in our files pertaining to you, and we will respond within 30 days.

We will tell you if we complied with your request. If we do not agree with you, we will notify you of our refusal, give you our reasons and give you the opportunity to file a concise statement of dispute with us. Your statement will be sent with any disclosure of the information which we make.

In either event, we will notify any insurance support organization that furnished the information to us and any person whom you designate and who may have received such information within the preceding two years of the dispute regarding the information. Your statement of dispute will be sent to these parties if we did not comply with your request.

Please direct all requests involving the above procedures to the Penn Mutual Life Insurance Company, Attn.: Life New Business Department, 600 Dresher Rd., Horsham, PA 19044. Give your full name, address, date of birth and policy number.

Fair Credit Reporting Act Notice

As part of our regular underwriting procedures, an investigative consumer report may be obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry will include information as to your character, general health, general reputation, personal characteristics, driving record, criminal activity, and mode of living. As part of your application for insurance, you have authorized the Company to obtain such a report, and you should understand that you have the right to make a written request within a reasonable period of time to the Company's Underwriting Department to receive additional detailed information about the nature and scope of this investigation. You should also understand that upon written request, you will be informed whether such a report has actually been ordered, and if it has, you will be furnished the name and address of the consumer reporting agency to whom the request was made. You may contact this consumer reporting agency and request a copy of any such report.

MIB, Inc. Notice

Information regarding your insurability will be treated as confidential. The Penn Mutual Life Insurance Company or Penn Insurance and Annuity Company or its reinsurers may, however, make a brief report thereon to the **MIB Inc.**, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Reporting Credit Act. The address of MIB's information office is **[50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734]**.

The Penn Mutual Life Insurance Company or Penn Insurance and Annuity Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. **Information for consumers about MIB may be obtained on its website at www.mib.com.**

To assist you in completing the application, please refer to the instructions below. Please note that all sections of the application must be completed unless otherwise indicated. This packet includes an application for all plans of life insurance currently offered by the company as well as many other forms that are required or may be required.

Always Required

- Application for Life Insurance PM1143
- Authorization to Obtain Information (PM6199). Must print the full name of all Proposed Insureds and provide date of birth for all in the Authorization.
 - Agent's Underwriting Report (PM1156) – Must be fully completed and submitted with application.

Client Information - Leave with Applicant

- Buyer's Guide – Must leave with applicant (PM1181 or PM1181KY for Kentucky).
- Notice of Insurance Information Practices – Must give to Proposed Insured before completion of the application (PM5917).

Application Sections

Section A: Proposed Insured 1

- Complete entire section.
- If multiple additional insureds, complete from PM5023.

Section B: Proposed Insured 2

- Complete only for Survivorship Plan or Additional Insured Rider.
- If multiple additional insureds, complete form PM5023.

Section C: Coverage Details (Please note there is a page for each product, Whole Life, IUL, UL, and VUL)

For all Products:

- Indicate product plan.
- Enter face amount (excluding riders) and supplement term amount if requested. Also enter total initial coverage.
- Select desired benefits and riders for elected product plan.
- Select appropriate dividend options.

For Whole Life product:

- Indicate Payment Period
- If Automatic Premium Loan is not checked Yes, then it will default to No

For Indexed Universal Life products:

- Select Definition of Life Insurance
- Select Death Benefit Option
- Depending on product, enter appropriate percents for questions 1 (a), 1 (b), or 2. Totals must equal 100%.

For Universal Life product:

- Select Definition of Life Insurance
- Select Death Benefit Option

For Variable Universal Life products:

- Select Definition of Life Insurance
- Select Death Benefit Option
- Complete Additional Product Features
- Complete Variable Supplement (e through g)

Section D: Owner

- Complete entire section.
- If Trust, give name of Trust, Trustee and date of Trust.

Section E: Contingent Owner

- Complete entire section.
- If Trust, give name of Trust, Trustee and date of Trust.

Section F: Payor

- Must complete entire section if Payor is other than the Proposed Insured or Owner or a different address is requested.

Section G: Certification of Owner's Taxpayer ID

- Must check box if subject to backup withholding under section 3406(a)(1)(c) of IRS Code.

Section H, I, and J: Primary Beneficiary, Contingent Beneficiary, Additional Insured Rider Beneficiary

- To ensure your death benefit is paid in accordance with your wishes, provide the information requested in each Beneficiary section.

Section K: Non-Conforming Illustration Acknowledgement

- For non-variable business in states that follow the NAIC Illustration Regulations, the illustration must be signed and match the application exactly. If it does not, be sure to check the appropriate box in this section.

Section L: Premium and Billing Information

If money was collected with this application, please complete and submit the Temporary Insurance Agreement (TIA) PM1146 with the application.

- Do not accept money if the amount of insurance requested exceeds \$5,000,000 or if the questions on the TIA are answered Yes or left blank.
- Full modal premium must be collected with the TIA for the total initial coverage applied for.
- Select appropriate billing mode and or method of payment.
 - If Penn Check billing mode selected, please complete (a) through (g) of Section L, and submit copy of void check with application.
- Enter appropriate amounts for questions 1 and 2.

Section M: Sources of Premium

- Check all boxes that apply, for any part of the premium. If indicated, provide additional information in the space provided.
- For California and Florida application, please provide name and address of secondary addressee if desired.

Section N: Life Insurance in Force or Pending

- Must check Yes or No for all questions and provide details for all Yes responses.
- Must provide requested information for question 4 if there is insurance in force on any proposed insured.

Section O: Replacement and 1035 Exchange Information

- Must complete if there is existing life insurance and/or annuity coverage.

Section P: Intent to Transfer & Life Expectancy Evaluation

- If appropriate, check Yes or No and provide explanation to all Yes responses.

Section Q: Financial Needs Benefits

- Check all boxes that apply regarding the reasons for insuring the life of each insured.

Section R: Children's Term Insurance Agreement

- If appropriate, must complete and provide details to all Yes responses.
- If more than six children, complete from PM5023.

Section S: Tobacco and/or Nicotine Use Information

- Must check Yes or No and provide appropriate information for Yes response.

Section T: Personal Physician Information

- Must provide name and address and date and reason last seen. If no personal physician, must provide information for physician last consulted.

Section U: Lifestyle Information

- Must check Yes or No for all questions for all Proposed Insureds and provide full details in the Detail section provided.

Section V: Financial Information

- Personal Finances – Complete for all applications. If PI is a child please use parent information.
- Business Finances – Complete for business owned contracts.

Section W: Non-Medical Part 2 and Family History

- Must complete for all Proposed Insureds not requiring an examination. (Refer to Medical Evidence Chart)
- Completing for Proposed Insureds being examined is optional, but is strongly encouraged.
- Provide full details for all Proposed Insureds in the Details Section on page 11, Section X.
- Must complete and provide information for Family History question.

Section Y: Authorization for Fund Transfer

- Complete for Variable product only.

Representations, Authorization, Signatures and Agent's Certification

- Must read Representations on page 12 and 13.
- Application must be signed and dated by all appropriate parties as indicated.
- If Proposed Insured is under age 14½ the application must be signed by a parent or guardian.
- In the Agent Certification, agent must check appropriate replacement box and Certification must be signed by all producers present at solicitation.

Frequently Required Forms

- HIV Form (based on state of residence)
 - Please complete physician designation section.
- NY Client Mandatory Initial Disclosure
- Temporary Insurance Agreement (PM1146NY)
- Confidential Financial Statement (PM6353) – Must complete the Business Insurance section whenever the application is for business needs.
- CIAB Disclosure

May be Required

- 1035 Exchange Form (PM8297)
- Important Information for Military Personnel (PS1017)
- Request to Make Premium Payments Under Penn Check (7444A)
- Application for Additional Insured (PM5023)
- Aviation Supplement (5835-5)
- Substance Use Questionnaire (PM0293)
- Scuba Diving Questionnaire (PM2782)
- Hazardous Sports Questionnaire (PM2782A)
- Mountaineering Questionnaire (PM1047)
- Foreign Travel Questionnaire (PM0326)
- Supplemental Application for Indexed Flexible Premium Adjustable Life (PM1208R)

Regulation 60 Package

- Regulation 60 Forms must be completed in their entirety, signed and dated by the applicant and submitted as stated in the Reg 60 Package Procedures.
- Regulation 60 forms
 - PM0154 - Definition of Replacement
 - PM0152NY - Reg 60 Disclosure Statement Request Form
 - PM5404NY - Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts
 - 11078 - NY Disclosure Statement (Life to Life or Life to Annuity Replacements, only)
 - PM0156NY - Reg 60 List of Sales Material - Life Insurance
 - PM0199 - Proposed Reg 60 Disclosure Statement Definitions



The Penn Mutual Life Insurance Company
 The Penn Insurance and Annuity Company

Application for Individual Life Insurance
NEW YORK
PART 1

A. Proposed Insured (PI 1)

1. Name First			Middle			Last			
2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			3. Date of Birth (mm/dd/yyyy) / /			4. Social Security / Tax ID #			
5. Drivers License State, No., Issue and Expiration Date				6. Marital Status <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> W		7. Birth Place (State/Country)			
8. Citizenship If other, provide details including valid Green Card or Visa # and Type. (Attach a copy of complete document) <input type="checkbox"/> US <input type="checkbox"/> Other Details									
9. Address Street				City			State		Zip
10. Mailing Address (if different from above) Street				City			State		Zip
11. Years at Address		12. Phone Number Personal () Business ()				13. Email Address			
14. Employer				15. Occupation			16. How Long		
17. Business Address Street				City			State		Zip

B. Proposed Insured (PI 2) - Complete for: Survivorship Plan Additional Insured Rider
If multiple additional insureds complete form PM5023. If info for PI 1 is same as PI 2 indicate same.

1. Name First			Middle			Last			
2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			3. Date of Birth (mm/dd/yyyy) / /			4. Social Security / Tax ID #			
5. Drivers License State, No., Issue and Expiration Date				6. Marital Status <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> W		7. Birth Place (State/Country)			
8. Citizenship If other, provide details including valid Green Card or Visa # and Type. (Attach a copy of complete document) <input type="checkbox"/> US <input type="checkbox"/> Other Details									
9. Address Street				City			State		Zip
10. Mailing Address (if different from above) Street				City			State		Zip
11. Years at Address		12. Phone Number Personal () Business ()				13. Email Address			
14. Relationship to First Insured		15. Employer			16. Occupation		17. How Long		
18. Business Address Street				City			State		Zip

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C. I. Whole Life and Term Coverage Details

1. Product Name (Select One) Guaranteed Choice Whole Life Guaranteed Term 10 15 20

2. Face Amount (Excluding Riders) 3. Supplemental Term Amount 4. Total Initial Coverage
\$ _____ + \$ _____ = \$ _____

5. Whole Life Policy Payment Period (Number of Years) _____
Minimum policy payment period is 5 years. Maximum policy payment period is up to the insured's insurance age 100.

II. Riders

Guaranteed Choice Whole Life

- Accidental Death Benefit Rider \$ _____
- Children's Term Insurance Rider
(Complete Section R of application)
Number of Units _____
- Flexible Protection Rider \$ _____
- Guaranteed Purchase Option Rider \$ _____
- Overloan Protection Benefit Rider
- Paid Up Additions (Select only one)
 - Accelerated Permanent Paid Up Additions Rider
PUA Rider Period (Number of Years) _____
 - Enhanced Permanent Paid Up Additions Rider
PUA Rider Period (Number of Years) _____
- Waiver of Premium (Select only one)
 - Disability Waiver of Premium Rider
 - Enhanced Disability Waiver of Premium Rider
- Other _____

Guaranteed Term 10-15-20

- Accidental Death Benefit Rider \$ _____
- Children's Term Insurance Rider
(Complete Section R of application)
Number of Units _____
- Disability Waiver of Premium Rider with Automatic Conversion
- Disability Waiver of Premium Rider
- Other _____

III. Dividend Options

- Cash Paid-up Additions Accumulate at Interest Other
- Premium Reduction (Not available with Penn Check or Salary Allotment)

IV. Additional Product Features

Please only complete the following questions if Whole Life Product has been selected as the Product Name.

1. PUA Rider (PUAR) Information

- (a) Initial premium to be used for PUAR \$ _____
- (b) Additional premium to be used for lump sum from 1035 exchange \$ _____
- (c) Additional lump sum \$ _____
- (d) Annual Payment Limit \$ _____
- (e) Scheduled PUAR Premium (Annual Amount for Billing) \$ _____
*If Penn Check or Salary Allotment is selected as the payment method this will be the amount drafted for the PUA Rider.

2. Automatic Premium Loan

- Yes No (If no Automatic Premium Loan is selected, the default is **No**)

3. Automated Premium Offset Program

- (a) Automated Premium Offset Program to Pay Premium Yes No
- (b) The year of the policy in which the Dividend/PUA Surrender is to begin _____
 - The Automated Premium Offset Program will automatically surrender Dividends/PUA's in the year of the policy chosen in question 3.b.
 - Please be aware that Dividends are not guaranteed.
 - Once initiated, the program does not guarantee that dividends will always offset premiums in future years. To fully guarantee that no future premiums will be required, a guaranteed Policy Payment Period may be selected at issue to fit your needs.
 - If Dividends and/or PUA's are less than the total annual premium amount due as of the Policy Anniversary, this program will be discontinued and direct billing will resume.
 - Surrendering Dividends and/or PUA's may result in a Modified Endowment Contract and/or a reduction in death benefit.
 - Outstanding Loans may impact the availability of this program.

C. Universal Life (UL) Coverage Details

1. Product Name (Select One)

Guaranteed Protection UL

Protection Guard UL

2. Specified Amount (Excluding Riders) \$ _____

3. Definition of Life Insurance (Select One)

Guideline Premium Test

Cash Value Accumulation Test

4. Death Benefit Option (Select One)

Level Death Benefit

Increasing Death Benefit

II. Riders

Guaranteed Protection UL

Accidental Death Benefit Rider \$ _____

Additional Insured Term Insurance Rider
(Complete Section B of application) \$ _____

Children's Term Insurance Rider
(Complete Section R of application)
Number of Units _____

Disability Waiver of Monthly Deductions Rider

Disability Waiver of Stipulated Premium Rider
(Disability Completion Benefit)

Guaranteed Increase Option Rider \$ _____

Overloan Protection Benefit Rider

Other _____

Protection Guard UL

Accidental Death Benefit Rider \$ _____

Additional Insured Term Insurance Rider
(Complete Section B of application) \$ _____

Children's Term Insurance Rider
(Complete Section R of application)
Number of Units _____

Disability Waiver of Monthly Deductions Rider

Disability Waiver of Stipulated Premium Rider
(Disability Completion Benefit)

Guaranteed Increase Option Rider

Overloan Protection Benefit Rider

Other _____

III. Dividend Options

Cash

Credit to Cash Value

C. I. Variable Universal Life (VUL) Coverage Details

1. Product Name (Select One) Diversified Growth VUL
2. Face Amount (Excluding Riders) \$ _____ + 3. Supplemental Term Amount \$ _____ = 4. Total Initial Coverage \$ _____
5. Definition of Life Insurance (Select One) Guideline Premium Test Cash Value Accumulation Test
6. Death Benefit Option (Select One) Level Death Benefit Increasing Death Benefit

II. Riders

Diversified Growth VUL

- Accidental Death Benefit Rider \$ _____
- Additional Insured Term Insurance Rider
(Complete Section B of application) \$ _____
- Business Accounting Rider
- Cash Value Enhancement Rider
- Children's Term Insurance Rider
(Complete Section R of application)
Number of Units _____
- Disability Waiver of Monthly Deductions Rider
- Disability Waiver of Stipulated Premium Rider
(Disability Completion Benefit)
- Extended No-Lapse Guarantee Rider*
- Guaranteed Increase Option Rider \$ _____
- Overloan Protection Benefit Rider
- Return of Premium Term Insurance Rider
- Supplemental Term Rider \$ _____
- Other _____

*If electing the Extended No-Lapse Guarantee Rider, on each monthly anniversary, assets in all funds will automatically be rebalanced to maintain the required minimum of 20% in the Indexed Fixed Account.

III. Dividend Options

- Cash Credit to Cash Value

IV. Additional Product Features

1. Premium Allocation

(a) Premium Allocation:

Please specify the allocation of the net initial and subsequent premiums in Column A on the chart on the next page. Do not use increments of less than 1%. If electing the Diversified Growth VUL (DGVUL) ENLG Rider at least 20% of premium must be allocated to the Indexed Fixed Account.

(b) Dollar Cost Averaging (DCA) – One box Must be selected. Annual premium must be at least \$600.

- I elect DCA using the Money Market Fund. Please transfer \$ _____ (\$50.00 minimum) monthly from the Money Market Fund into the funds selected in Column B on the chart on the next page.
- I elect DCA using the 12-Month DCA Account. Please transfer funds in 12 monthly installments into the funds selected in Column C on the chart on the next page.
- I decline the DCA option.

(c) Automatic Asset Rebalancing (AAR) – One box MUST be selected. The Money Market Fund is not available for AAR if the DCA option was elected. Minimum policy value of \$1000 is required to activate AAR.

- I elect to have the total of the assets in all funds automatically rebalanced on the last business day of each calendar quarter into the funds selected in Column D on the chart on the next page.
- I decline the AAR option.

(d) Monthly Deduction Allocation

You may specify the investment options from which certain monthly charges will be deducted in Column E on the chart on the next page. If any particular investment option has insufficient funds to cover your specified percentage deduction, the charge will be deducted pro-rata from each of your investment options. Mortality and expense risk asset charges cannot be specified and will be deducted pro-rata from each of your investment options.

Note: Mortality and expense risk asset charges are not deducted from any of the Fixed Account options.

C. Variable Universal Life (VUL) Coverage Details (continued)

V. Premium Allocation Chart

(e)	COL A INITIAL & SUB PMTS.	INVESTMENT OPTIONS	INVESTMENT MANAGERS	COL B DCA	COL C DCA from 12 month (not available for VMAX II and VUL 3)	COL D AAR	COL E Mo. Deduction Allocation (not available for VMAX II and VUL 3)
	%	SMID Cap Value Fund	AllianceBernstein	\$	%	%	%
	%	Mid Core Value Fund	American Century	\$	%	%	%
	%	Real Estate Securities Fund	Cohen & Steers Capital Management	\$	%	%	%
	%	Large Core Value Fund	Eaton Vance Management	\$	%	%	%
	%	Small Cap Value Fund	Goldman Sachs Asset Management	\$	%	%	%
	%	Mid Cap Growth Fund	Ivy Funds	\$	%	%	%
	%	Small Cap Growth Fund	Janus Capital Management	\$	%	%	%
	%	Large Cap Value Fund	Loomis Sayles	\$	%	%	%
	%	Large Cap Growth Fund	MFS Investment Management	\$	%	%	%
	%	Emerging Markets Equity Fund	Morgan Stanley Investment Mgmt.	\$	%	%	%
	%	Mid Cap Value Fund	Neuberger Berman Investment Advisers	\$	%	%	%
	%	Money Market Fund	Penn Mutual Asset Management, Inc.	N/A	%	%	%
	%	Limited Maturity Bond Fund	Penn Mutual Asset Management, Inc.	\$	%	%	%
	%	Quality Bond Fund	Penn Mutual Asset Management, Inc.	\$	%	%	%
	%	Balanced Fund	Penn Mutual Asset Management, Inc.	\$	%	%	%
	%	Aggressive Allocation Fund	Penn Mutual Asset Management, Inc.	\$	%	%	%
	%	Moderately Aggressive Allocation Fund	Penn Mutual Asset Management, Inc.	\$	%	%	%
	%	Moderate Allocation Fund	Penn Mutual Asset Management, Inc.	\$	%	%	%
	%	Moderately Conservative Allocation Fund	Penn Mutual Asset Management, Inc.	\$	%	%	%
	%	Conservative Allocation Fund	Penn Mutual Asset Management, Inc.	\$	%	%	%
	%	Index 500 Fund	State Street Global Advisors	\$	%	%	%
	%	Small Cap Index Fund	State Street Global Advisors	\$	%	%	%
	%	Developed International Index Fund	State Street Global Advisors	\$	%	%	%
	%	Flexibly Managed Fund	T. Rowe Price Associates	\$	%	%	%
	%	Large Growth Stock Fund	T. Rowe Price Associates	\$	%	%	%
	%	High Yield Bond Fund	T. Rowe Price Associates	\$	%	%	%
	%	International Equity Fund	Vontobel Asset Management	\$	%	%	%
	%	Large Core Growth Fund	Wells Capital Management	\$	%	%	%
	%	SMID Cap Growth Fund	Wells Capital Management	\$	%	%	%
	%	Traditional Fixed Account	The Penn Mutual Life Insurance Company	\$	%	N/A	%
	%	12-Month DCA Account	The Penn Mutual Life Insurance Company	N/A	N/A	N/A	N/A
	%	Indexed Fixed Account (Available ONLY for DGVUL)	The Penn Mutual Life Insurance Company	\$	%	N/A	%
	100%	TOTALS		\$	100%	100%	100%

(f) DCA, AAR, and Indexed Fixed Account Disclosures

- Any residual funds in the Money Market (less than the minimum) will automatically transfer to the allocation on record.
- Any residual funds in the 12-month DCA Account will automatically transfer to the allocation on record at the end of each 12-month period.
- The first DCA transfer will take place on the first monthly anniversary after the Free Look period ends.
- DCA transfers will continue monthly:
 - anytime the balance in the Money Market fund is above the minimum
- DCA transfers will not take place:
 - if the policy enters a grace period
- DCA transfers will continue until:
 - the company receives a written or telephone request from the owner to terminate DCA or
 - five years from the start date of the first DCA transfer from the Money Market fund or the following date selected ____/____/____
- AAR will continue quarterly until:
 - The company receives a written or telephone request from the owner to terminate AAR.

(g) Disclosure

- (a) Did the owner receive the prospectus? Yes No
- (b) Does the owner understand that:
- The Death Benefit may increase or decrease depending on investment experience? Yes No
 - The cash value may increase or decrease depending on the investment experience? Yes No
 - The policy will lapse if the cash surrender value becomes insufficient to cover policy charges and the terms of the no-lapse provision of this policy (if applicable) have not been met. Yes No
- (c) Does the owner believe that this policy will meet insurance needs and financial objectives? Yes No

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D. Owner, if other than Insured – If product selected is a survivorship policy, Insureds will be joint owners with right of survivorship, unless otherwise specified. If Trust, give names of Trust and Trustee and date of Trust.

1. Name (First, Middle, Last or Trust/Entity)			2. Relationship to Proposed Insured		
3. Address Street		City	State	Zip	4. Phone Number ()
5. Mailing Address (if different from above) Street		City	State	Zip	
6. Birth/Trust Date (mm/dd/yyyy) / /		7. Social Security / Tax ID #		8. Email Address	
9. Name of Trustee(s)/Authorized Company Representative			10. Drivers License State, No., Issue and Expiration Date		

E. Contingent Owner - If Trust, give name of Trust, Trustee and date of Trust.

1. Name (First, Middle, Last or Trust/Entity)			2. Relationship to Proposed Insured		
3. Address Street		City	State	Zip	4. Phone Number ()
5. Mailing Address (if different from above) Street		City	State	Zip	
6. Birth/Trust Date (mm/dd/yyyy) / /		7. Social Security / Tax ID #		8. Email Address	
9. Name of Trustee(s)/Authorized Company Representative			10. Drivers License State, No., Issue and Expiration Date		

F. Payor - Complete only if Payor is other than the Proposed Insured or Owner or if a different address is requested.

1. Name (First, Middle, Last or Trust/Entity)			2. Date of Birth (mm/dd/yyyy) / /		
3. Address Street		City	State	Zip	
4. Mailing Address (if different from above) Street		City	State	Zip	
5. Social Security / Tax ID #	6. Phone Number ()		7. Email Address		
8. Relationship to Proposed Insured		9. What is the amount of life insurance carried on the life of the payor?			
10. Please provide details as to why the Payor is paying the premiums.					

G. Certification of Owner's Taxpayer ID

Under penalty of perjury, I the owner certify that:

1. The number shown in this application as my social security number or taxpayer identification number is correct; and
2. I am not subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, or I am exempt from backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Check this box if you are subject to backup withholding under section 3406(a)(1)(c) of the Internal Revenue Code.

H. Primary Beneficiary - If no beneficiary survives the Insured, proceeds revert to the Estate of the Insured.

Name (First, Middle, Last) and Address (Street, City, State, Zip)	Phone Number	Date of Birth or Date of Trust (mm/dd/yyyy)	Social Security or Tax ID No.	Relationship	%
Name					
Address					
Name					
Address					
Name					
Address					
Name					
Address					

I. Contingent Beneficiary

Name (First, Middle, Last) and Address (Street, City, State, Zip)	Phone Number	Date of Birth or Date of Trust (mm/dd/yyyy)	Social Security or Tax ID No.	Relationship	%
Name					
Address					
Name					
Address					

J. Additional Insured Rider Beneficiary - See contract language for additional information

Name (First, Middle, Last) and Address (Street, City, State, Zip)	Phone Number	Date of Birth or Date of Trust (mm/dd/yyyy)	Social Security or Tax ID No.	Relationship	%
Name					
Address					
Name					
Address					

K. Non-Conforming Illustration Acknowledgement (Non-variable only)

An illustration is defined as a presentation or depiction that includes non-guaranteed elements of a policy over a period of years. If an illustration was presented during the sales process and matches the policy applied for, a copy of that illustration must be signed and submitted with the application. If the signed illustration is not submitted, indicate the reason below (Check one).

- 1. An illustration was not presented to me
- 2. An illustration was presented to me, however, the policy applied for is different than as illustrated
- 3. An illustration was presented to me on a computer screen

If 1, 2, or 3 are checked, I acknowledge, as applicant, that I did not receive and sign an illustration that matches this application for the reason indicated above. I also understand that an illustration matching the policy at time of issue will be provided for my signature no later than at the time the policy is delivered.

L. Premium and Billing Information

If money was collected with this application, please complete and submit the Temporary Insurance Agreement (TIA) PM1146. No TIA can be provided unless premium has been collected.

1. (a) Total premium to be billed \$ _____ (b) If single premium amount \$ _____
 (c) Initial Premium of \$ _____ has been paid in full. Yes No Number of Months _____
 (d) Subsequent 1st year planned premium is \$ _____
 (e) Subsequent planned premium for year two and thereafter is \$ _____
2. (a) Additional premium expected via 1035 exchange \$ _____ ; (b) additional lump sum \$ _____
3. Billing Mode and/or Method of Payment
 - Single Premium Annual Semi-annual Quarterly
 - Salary Allotment, the client should provide an existing account number if applicable _____
 - SPIA Period Certain, Number of Years _____
 - Penn Check (monthly): The client should provide an existing account number if applicable _____
 (For a new Penn Check account, see below)
 - Draft initial premium when policy issued (Only available for Penn Check monthly)

Must complete Penn Check Account information below if selecting Penn Check billing method, or policy will be issued quarterly. Penn Check is only available for premiums totaling \$25.00 or more. Please include copy of void check.

(a) Bank Name _____	(b) Bank Routing and Account Number Routing # _____ Account # _____
(c) Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Pershing <input type="checkbox"/> Other	
(d) Draft Date <input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 22nd	
(e) Bank Address Street _____ City _____ State _____ Zip _____	
(f) Name (First, Middle, Last) of First Depositor _____	(g) Name (First, Middle, Last) of Second Depositor _____

M. Sources of Premium (continued)

1. What is the source of the premiums? (Indicate all that apply for any part of the premium)

<ul style="list-style-type: none"> <input type="checkbox"/> Applicant's personal income <input type="checkbox"/> Applicant's family member, including spouse (Identify and describe their source below) <input type="checkbox"/> Premium finance company (Identify lender below) <input type="checkbox"/> Other person or entity (Identify and describe their source below) <input type="checkbox"/> SPIA payments (Identify and describe source of premium for SPIA below) 	<ul style="list-style-type: none"> <input type="checkbox"/> Applicant's personal liquid assets <input type="checkbox"/> Applicant's personal illiquid assets <input type="checkbox"/> Mortgage, reverse mortgage or home equity loan <input type="checkbox"/> Annuity payments (Identify type of annuity, source of annuity premiums, reasons for annuity below)
--	--

M. Sources of Premium (continued)

If anyone other than the applicant is paying any part of the premium, describe any arrangement which has been established or is being considered for repayment by the applicant, the insured if other than the applicant, or any trust established by the insured or the applicant. Indicate whether any such promised or potential repayment will or would come from the policy cash value or death benefit, and describe any other source of repayment.

N. Life Insurance In Force or Pending

1. Has any Proposed Insured ever applied for life, health or disability insurance and been declined, postponed or offered on a basis other than applied? PI1 Yes No PI2 Yes No
2. Does any Proposed Insured have any formal or informal applications pending with any other life insurance company now? PI1 Yes No PI2 Yes No

If answered Yes to above questions, please give details for each Proposed Insured.

Proposed Insured 1

Proposed Insured 2

3. Does any proposed insured have any existing life insurance or annuities in force? Yes No
(If Yes, complete any State required replacement forms and comparison statements.)

4. List all Insurance In Force on any Proposed Insured.

Insured's Name & Company	Business or Personal	Face Amount	Policy Number	Issue Year	Is Policy Being Replaced or Changed?	Check if 1035 Exchange
	<input type="checkbox"/> B <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> B <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> B <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> B <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> B <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

O. Replacement and 1035 Exchange Information

Complete only if there is existing life insurance and/or annuity coverage.

1. Are you considering stopping premium payments, surrendering, replacing, forfeiting, assigning to the insurer or reducing your benefits under an existing policy or contract? Yes No
2. Are you considering using or borrowing funds from your existing policies or contracts to pay premiums due on the new or applied for policy? Yes No If answered Yes to either question, please complete and sign all required replacement forms. Note – Regulation 60 replacement forms need to be signed in New York by all applicants.
3. If 1035 Exchange, will loan be carried over? Yes No If Yes, amount of loan \$ _____
4. Loan Election for policy with an Indexed Loan feature.
Loans being carried over to a policy with an Indexed Loan feature must elect the option to apply to the transferred loan. Please make one of the following selections:
 Traditional Loan Option
 Indexed Loan Option (Not available for Survivorship Plus IUL and Diversified Growth IUL in New York)

P. Intent to Transfer & Life Expectancy Evaluation

1. Is there any arrangement that has been established, or is being considered, to make a collateral assignment of the policy, or otherwise to transfer the policy, or any part of the policy, or any interest in the policy (including any interest in a trust or other entity with an interest in the policy)? Yes No If Yes, please explain.
- _____
2. Has there been a life expectancy evaluation of the insured in the past 2 years or is there an arrangement which has been established or is being considered to perform one in the future? Yes No
3. Have you settled or sold to a third party a life insurance policy in the past 5 years? Yes No
If Yes, please indicate which policy (listed in Section P) was settled and explain.
- _____

Q. Financial Needs Benefits - Give reasons for insuring the life of each insured (check all that apply).

- | | | |
|---|--|--|
| <input type="checkbox"/> Death Benefit Protection | <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Retirement Funding |
| <input type="checkbox"/> Asset Accumulation | <input type="checkbox"/> Tax Planning | <input type="checkbox"/> Education/College Funding |
| <input type="checkbox"/> Asset Protection | <input type="checkbox"/> Transfer of Estate Upon Death | <input type="checkbox"/> Buy/Sell |
| <input type="checkbox"/> Charitable Giving | <input type="checkbox"/> Other, please describe. _____ | |

R. Children's Term Insurance Agreement

Child's Name (First, Middle, Last)	Relationship to Insured	Date of Birth mm/dd/yyyy	If School Age Current Grade	Height Ft./In.	Weight Lbs.	Insurance In Force	Driver's License State & Number (if applicable)
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					

- Are all children equally insured? Yes No
If No, please provide details. _____
- With whom and where do all children reside?

- Please advise the amount of insurance currently in force on parent(s)/guardian.
If none, please provide details.

- Has any child been absent from school or work for more than 5 consecutive days due to illness or injury within the past 12 months? Yes No If Yes, please provide details.

- Has any child ever been treated for or diagnosed with any disease of the heart or circulatory system, lungs, kidney, tumor or cancer, diabetes, elevated blood pressure, nervous, blood or joint disorder, disorder of stomach, liver, intestines, paralysis or accident, Acquired Immune Deficiency Syndrome or alcohol/drug abuse? If Yes, please provide insured name and details. Yes No

- Has any child ever had any operation, medical treatment or physical exam within the past 2 years? Yes No
If Yes, please provide insured name and details.

- Has any child smoked cigarettes or used tobacco in any form? Yes No
If Yes, please provide when last used, amount, frequency and product.

- In the past 5 years, has any child been convicted of a moving violation, been convicted of a DUI (driving under the influence of alcohol or drugs) or had their driver's license suspended or revoked? Yes No
If Yes, please provide details.

Special Requests

S. Tobacco and/or Nicotine Use Information

1. Does either person proposed for coverage, currently use or have they ever used tobacco or products in any form containing nicotine? (e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum, nicotine patches, or any other nicotine delivery system)
- (a) Proposed Insured 1 Yes No If Yes: (f) Proposed Insured 2 Yes No If Yes:
 (b) Type _____ (c) Amount _____ (g) Type _____ (h) Amount _____
 (d) Frequency _____ (i) Frequency _____
 (e) Date Last Used (mm/dd/yyyy) ____ / ____ / ____ (j) Date Last Used (mm/dd/yyyy) ____ / ____ / ____

T. Personal Physician Information

1. Personal Physician - If no personal physician, list physician last consulted, date and reason last consulted. For Proposed Insured 1 and Proposed Insured 2.

Proposed Insured 1 Physician Name	Date Last Seen (mm/dd/yyyy) / /	Phone Number ()
Address Street	City	State Zip
Reason Last Seen		
Proposed Insured 2 Physician Name	Date Last Seen (mm/dd/yyyy) / /	Phone Number ()
Address: Street	City	State Zip
Reason Last Seen		

U. Lifestyle Information - Complete for Proposed Insured 1 and Proposed Insured 2 or Additional Insureds. Provide details to any yes answers in Details section.

- | | | |
|---|--|--|
| | PI1 | PI2 |
| 1. Does either Proposed Insured intend to reside or travel outside the United States within the next 24 months other than vacation of not more than 2 weeks? If Yes, please complete foreign travel questionnaire PM0326, EXCEPT for vacations of not more than 2 weeks duration. If vacation, provide complete details including dates, destinations, and duration in the Details section on page 9. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Within the past 2 years, has either Proposed Insured flown or taken instruction as a pilot or crew member or does either proposed insured intend to do so? (If Yes, please complete Aviation Supplement form # 5835-5) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Within the past 2 years, has either Proposed Insured engaged in any kind of racing, scuba or sky diving, hang gliding, base jumping, mountain or rock climbing, or big game hunting or does either proposed insured intend to do so? (If Yes, please complete appropriate questionnaire - PM2782, PM2782A or PM1047) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Within the past five years, has either Proposed Insured: | | |
| (a) Been convicted of a moving violation or had their driver's license suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Been convicted of a DUI (driving under the influence of alcohol or drugs)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has either Proposed Insured been convicted of, or currently charged with, the commission of any criminal offense – other than the violation of a motor vehicle law – within the last 10 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is either Proposed Insured a member, or entered into a written agreement to become a member, of any armed forces or military reserve? (If Yes, please complete PS1017) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has either Proposed Insured declared bankruptcy? (If yes, please advise if discharged and date of discharge) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is either Proposed Insured currently receiving, or within the past 5 years have they received or applied for, any disability benefits, including Workers Compensation, Social Security Disability Insurance, or any other form of disability insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

U. Lifestyle Information (continued)

Details of any YES answers in Section U.

V. Financial Information

A. Personal Finances – (Needs to be completed for all applications. If PI is a child please use parent information.)

	PI 1	PI 2
1. Annual Earned Income from occupation (after deduction of business expenses)	\$ _____	\$ _____
2. Other Income (give source) _____	\$ _____	\$ _____
3. Net Worth _____	\$ _____	\$ _____

B. Business Finances - Complete the following section for business owned contracts.

1. Business Insurance Purposes Key Person Buy Sell Business Loan Other _____

	Assets	Liabilities	Gross Sales	Net Income	Fair Market Value of Business
Current Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Previous Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2. How was the amount applied for determined? _____
3. What percentage of the business is owned by the Proposed Insured(s)? _____%
4. Are other partners/owners/executives insured or applying for life insurance with any company? Yes No
- If Yes, please provide details. _____

Special Instructions and Home Office Amendments and Corrections

W. Non-Medical Part II - Complete for all Proposed Insureds not requiring an examination (see Penn Mutual medical evidence chart for details). Completion for Proposed Insureds being examined is optional, but encouraged. Provide details to any yes answers in Details section on page 11.

PI1 1. Height (in shoes) 2. Weight (clothed) Weight change in last year? Yes No
 _____ ft. _____ in. _____ lbs. If Yes, Increase Decrease No. of lbs. _____

PI2 3. Height (in shoes) 4. Weight (clothed) Weight change in last year? Yes No
 _____ ft. _____ in. _____ lbs. If Yes, Increase Decrease No. of lbs. _____

- | | PI1 | PI2 |
|---|--|--|
| 5. Are you presently taking any medication, supplements or homeopathic remedies either prescribed or over the counter? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. During the past 10 years have you had, or been told that you have, or been treated by a member of the medical profession for: | | |
| a. High blood pressure, chest discomfort, heart attack, heart murmur, circulatory or heart disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Diabetes, sugar in urine, thyroid disorder, elevated cholesterol or other endocrine or metabolic disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Asthma, bronchitis, emphysema, shortness of breath, sleep apnea or any other lung or respiratory disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Hepatitis, cirrhosis, ulcer, colitis or other disorder of the stomach, liver or digestive system? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Anemia, leukemia or other blood or clotting disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Arthritis, gout, back or joint pain, bone fracture, muscle disorder, or any disorder of the skin? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Seizures, stroke, fainting, paralysis, falls, loss of consciousness, mental or emotional disorder or any other disorder of the brain or nervous system? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Alzheimer's disease, dementia, memory impairment, Parkinson's disease or any other progressive neurological disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Cancer, tumor, polyp or cyst? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Disorder of eyes, ears, nose or throat? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Kidney, bladder, urinary, reproductive organ, breast or prostate disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. During the past 10 years have you been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any disorder of the immune system by a member of the medical profession? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever used any controlled substances such as: amphetamines, barbiturates, hallucinogens, heroin, morphine, cocaine, marijuana, opiates or any prescription drug, except as prescribed by a physician?
If yes, please complete Substance Use Questionnaire PM0293. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you ever been advised to limit or discontinue the use of alcohol or drugs, sought or received treatment, counseling or participated in a group for alcohol or drug use? If yes, please complete Substance Use Questionnaire PM0293. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Other than previously stated, have you within the past 5 years: | | |
| a. Consulted a physician or any other practitioner, had a check-up, illness, surgery or been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Had an electrocardiogram, exercise treadmill test, echocardiogram, X-ray, blood test or other diagnostic test, excluding HIV related tests? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Been advised to have, or scheduled, any diagnostic test, hospitalization or surgery which was not completed, excluding HIV related tests? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Representations (Please Read Carefully)

I (we), the Proposed Insured(s), and the Applicant(s) if other than the Proposed Insured(s), and the Applicant(s) on behalf of the Proposed Insured(s), if the Proposed Insured(s) is (are) age 14½ or less and the Applicant(s) is (are) authorized under applicable law to make such a representation on behalf of the Proposed Insured(s), represent that the statements and answers in this Part I of the application are written as made by me (us) and are complete and true to the best of my (our) knowledge and belief. I (we) the Proposed Insured(s), or the Applicant(s) if other than the Proposed Insured(s) agree that they will be a part of the contract of insurance if issued, that I (we) will be bound by such statements and answers, and that the Company, believing them to be true, will rely and act upon them. I (we) also understand and agree that:

- 1. Subject to any coverage provided under the terms and provisions of a Temporary Insurance Agreement, if applicable, no insurance coverage will be in force until the first modal premium is paid in full AND a life insurance policy has been issued and delivered to the policy owner while the health, habits, occupation, financial circumstances and other facts relating to the Proposed Insured(s) and to the Payor, if a Payor Benefit is issued, are the same as described in this Part I of the application, any Part II required by the Company, and any amendments or supplements to them.**
2. Notice to or knowledge of an agent or a medical examiner is not notice to or knowledge of the Company, and no agent or medical examiner is authorized to accept risks, to pass upon acceptability for insurance or to modify any contract of insurance.
3. Acceptance of any policy issued based on this application will be a ratification of any amendments or corrections noted by the Company in the space headed "Home Office Amendments and Corrections", except that if required by state statute or regulation, any change in amount, age, plan of insurance, additional benefits or classification must be agreed to in writing.

Signatures - If Proposed Insured is under age 18, Parent or Guardian must sign and include relationship.

Signed and Dated by the Applicant in

City State Date (mm/dd/yyyy)

Signature of Insured or Parent if Proposed Insured is under age 14 ½, and/or Applicant if other than the Proposed Insured

Proposed Insured 1 Proposed Insured 2

Signature of Owner and/or Applicant if other than the Proposed Insured

Owner* Applicant

*If a Corporation, the signature and title of any authorized officer other than the Proposed Insured(s) is required and the full name of the Corporation must be shown. If a Trust, the signature of the Trustee(s), as required by the Trust document.

Signature of Payor _____

Agent's Certification - Be sure to check appropriate block. Each agent present at solicitation must sign.

I certify to the best of my knowledge the answers to the questions in all parts of this application are true and correct. I further certify to the best of my knowledge this policy will will not replace or change any existing life insurance or annuity policy now in force.

Signature of Agent Date (mm/dd/yyyy)

Signature of Agent Date (mm/dd/yyyy)



The Penn Mutual Life Insurance Company
 The Penn Insurance and Annuity Company

Agent's Underwriting Report

A. Knowledge of Proposed Insured and Sale

1. How long and how well have you known the Proposed Insured?

2. What is the specific need for this coverage? _____
3. Are you aware of any additional factors which might influence insurability? Yes No
If "Yes" give details _____
4. Were answers from Proposed Insured(s) and Policy Owner(s) obtained personally and in your presence? Yes No
If "No", please advise method of solicitation: Via video web service (Skype, Facetime, etc.)
 Other (please provide details) _____
5. If the Proposed Insured is a child, did you see the child? Yes No
6. If a replacement is involved, all producers associated with this sale certify that replacement is in the best interests of the Proposed Insured. Yes No
7. Will any part of the premium for this policy be paid for by funds that are borrowed or otherwise financed? Yes No
8. Have you had any discussions about, or do you have any reason to believe that this policy may be sold or assigned to a Life Settlement, Viatical or other secondary market provider? Yes No
If the answer to either question 7 or 8 is "Yes", provide full and complete details.

B. Trust or Pension Plan Data

1. If the policy is being applied for under a Trust or Pension Plan:
 - a) Full name of Trust/Plan _____
 - b) Type of Plan Qualified Pension or Profit Sharing Plan Non-Qualified Pension or Profit Sharing Plan
 Other _____
2. To comply with IRS regulations, an Agent's Disclosure Form must be submitted once for each qualified plan unless it is three years from the date of the last Disclosure or there has been a change in the plan; i.e., a different product purchased or a change in the commission rate.
 - a) Disclosure Form has been submitted in the last three (3) years that covers the Commission Schedule applicable to this Contract. Yes No
 - b) Disclosure Form is attached for this contract. Yes No

C. Licensing and Disclosures

1. Have the Fair Credit Reporting Act and MIB, Inc. Notices been given to the Proposed Insured or Applicant if Proposed Insured is a child? Yes No
2. I have complied with all state licensing and educational requirements. Yes No
3. I have complied with all required Commission Disclosures. Yes No

D. Verification of Identity

OWNER

- Driver's License Passport
 Entity Agreements* Other Government Issued ID

ID Number _____

Issuing Authority _____

Issue Date (mm/dd/yyyy): ____ / ____ / ____

Expiration Date (mm/dd/yyyy): ____ / ____ / ____

JOINT OWNER

- Driver's License Passport
 Entity Agreements* Other Government Issued ID

ID Number _____

Issuing Authority _____

Issue Date (mm/dd/yyyy): ____ / ____ / ____

Expiration Date (mm/dd/yyyy): ____ / ____ / ____

Please obtain ID for each Owner, Trustee, or Partner.

Review ID and verify that the photograph on the ID is the individual. Record ID information above. Please also maintain a copy in the client's file.

If the application was obtained via a web service, copies of the parties ID must be submitted to the Home Office.

***Entity Agreements** - For entities (trusts, corporations, partnerships) utilize the appropriate documentation (Trust Agreement, Articles of Incorporation, Corporate Resolution, Partnership Agreement) to ascertain identification.

E. Asset Based Compensation

If available for this product, do you want Asset Based Compensation? Yes No

F. New Business Marketing Information

Please complete the following questions regarding the types of tools, materials and support utilized to complete this sale. Your feedback will help us measure the impact of the support that we provide and help determine where future efforts should be focused.

Illustrated Sales Concept (please check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> College Funding | <input type="checkbox"/> PASS | <input type="checkbox"/> Split Dollar - Private Loan Regime |
| <input type="checkbox"/> Deferred Comp - 401(k) Overlay | <input type="checkbox"/> PASS Personal | <input type="checkbox"/> Split Dollar - Private Non - Equity |
| <input type="checkbox"/> Deferred Comp - Deferral | <input type="checkbox"/> PASS Plus | <input type="checkbox"/> Summary of Plans |
| <input type="checkbox"/> Deferred Comp - SERP Defined Benefit | <input type="checkbox"/> Premium Comparison | <input type="checkbox"/> Survivorship Standby Trust |
| <input type="checkbox"/> Deferred Comp - SERP Defined Contrib | <input type="checkbox"/> Premium Deposit Fund | <input type="checkbox"/> WL - Lump Sum Deposit |
| <input type="checkbox"/> Deferred Comp - Split Dollar | <input type="checkbox"/> Premium Financing | <input type="checkbox"/> WL - Recurring Premium |
| <input type="checkbox"/> Estate Planning - Building Your Estate | <input type="checkbox"/> Protection Plus | |
| <input type="checkbox"/> Estate Planning - Protecting Your Estate | <input type="checkbox"/> Retirement Benefits | |
| <input type="checkbox"/> Executive Bonus | <input type="checkbox"/> Split Dollar - Economic Benefit | |
| <input type="checkbox"/> IRA Wealth Transfer | <input type="checkbox"/> Split Dollar - Loan Regime | |
| <input type="checkbox"/> Ledger (no concept used) | <input type="checkbox"/> Split Dollar - Non - Equity | |
| <input type="checkbox"/> Myths of Buy Term/Invest the Difference | <input type="checkbox"/> Split Dollar - Private Economic Benefit | |

Focus Area of Planning:

- | | | | | |
|-----------------------------|-------------------------------------|--|-------------------------------------|--|
| Individual Planning: | <input type="checkbox"/> Protection | <input type="checkbox"/> Wealth Accumulation | <input type="checkbox"/> Retirement | <input type="checkbox"/> Estate Planning |
| Business Planning: | <input type="checkbox"/> Succession | <input type="checkbox"/> Key Employee | <input type="checkbox"/> Retirement | <input type="checkbox"/> Estate Planning |

Marketing Program: (Please check all that apply)

- Small Business Marketing Program myWorth - Women's Marketing Program PAA-Professional Advisors Alliance

Marketing Tools:

- Sales Idea/Concept Promotions Personal Coverage Review Term Conversion Social Media



- The Penn Mutual Life Insurance Company
- The Penn Insurance and Annuity Company

**Accelerated Benefit Chronic Illness
Disclosure Statement
Required at Time of Application**

Description of the Accelerated Benefit
You may choose to accelerate a part of your death benefit for a covered Chronic Illness. Upon acceleration, your policy will be affected, as described in your Policy.
Limitations of the Accelerated Benefit
The accelerated death benefits rider may provide benefits to pay for long-term care services, but it is NOT a long-term care policy or nursing home insurance policy. The amount this rider pays you may not be enough to cover your medical, nursing home or other bills. Although payments of accelerated benefit payments provided by this rider are intended to qualify for favorable tax treatment, accelerated benefits payable under this rider MAY BE TAXABLE IN SOME CIRCUMSTANCES . We recommend that you contact a tax advisor when making tax-related decisions about electing to receive and use benefits from an accelerated death benefits rider.
Consequences of This Benefit
Receipt of accelerated death benefits under this rider MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME (SSI) ELIGIBILITY . Without exercising your option to accelerate benefits, the mere fact that you own a policy with an accelerated death benefits rider may affect your eligibility for these government programs. In addition, exercising the option to accelerate benefits and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.
Effect on Death Benefit
The Death Benefit will be reduced by the amount of Death Benefit that has a present value equal to the Accelerated Benefit Payment (ABP).
Effect on the Policy
<p>The Policy will be subject to pro-rata reductions based on the percentage decrease in the Death Benefit. These pro rata reductions will be made to the Specified Amount, cash value, dividends, and paid-up additions for a Whole Life Policy, and the Specified Amount, policy value, cash surrender value and surrender charge for a Flexible Premium Adjustable Life Insurance Policy. The remaining portions of the policy values, such as premiums and monthly deductions, will be as if the Policy had been originally issued at the reduced amount.</p> <p>The ABP will first be used to repay a pro rata share of any Policy Debt. The Policy Debt reduction will not exceed the amount of the ABP.</p> <p>For a Flexible Premium Adjustable Life Insurance Policy with a No Lapse Guarantee Requirement based on Accumulated Premiums exceeding Accumulated No Lapse Premiums, both the Accumulated Premiums and Accumulated No Lapse Premiums to date will be reduced by the percentage of the Death Benefit decreased.</p> <p>For a Flexible Premium Adjustable Life Insurance Policy with a No Lapse Guarantee Requirement based on a No Lapse Guarantee Account, the No Lapse Guarantee Account value will be reduced by the percentage of the Death Benefit decreased.</p>
Medical Condition(s) Enabling Acceleration of Death Benefits
<p>Chronic Illness means a condition because of which an individual has been certified by a licensed health care practitioner within the last 12 months as:</p> <ul style="list-style-type: none"> (a) Being unable to perform at least two Activities of Daily Living without Substantial Assistance from another person due to a loss of functional capacity for a period of at least 90 consecutive days; or (b) Requiring substantial supervision by another person for a period of at least 90 consecutive days to protect the Insured from threats to health and safety due to Severe Cognitive Impairment. <p>The licensed health care practitioner must also certify that continuous care in an eligible facility or at home is expected to be required for the remainder of the Insured's life when the Insured has a Chronic Illness.</p> <p>Please refer to your Policy for more details.</p>
Premium and Administrative Expense Charges
There is no charge or required premium for the Accelerated Benefit for Chronic Illness Rider on your Policy.
<p>Signature of Applicant _____</p> <p style="text-align: right;">Date (mm/dd/yyyy) _____</p>

This form is for the [ICC15-ABCI or ICC15-PI-ABCI] version of the Rider. [CIAB16]



This Agreement provides a Limited Amount of Life Insurance Protection, for a Limited Period of time, subject to the terms of this Agreement. Advance payment in the amount of \$ _____ in connection with the application dated _____ is made for Life Insurance on _____.
Name of Proposed Insured(s)

Questions

- | | PI1 | PI2 |
|---|--|--|
| 1) Does the total amount of insurance applied for exceed \$5,000,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Is the Proposed Insured less than 15 days old or more than 70 years old (as measured from nearest birthday) on the date this agreement is signed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Has the Proposed Insured(s): | | |
| (a) Within the past 2 years, consulted a medical professional, been diagnosed with, received or advised treatment for any heart problem, stroke or cancer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Within the past 90 days have you consulted with or scheduled a consultation with a medical professional for any medical concern? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Within the past 90 days, received a recommendation from a physician or other medical practitioner to have any diagnostic test, excluding HIV related tests, treatment or surgery not yet performed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Had any application for Life and/or Disability Insurance declined or postponed within the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If any one of the above questions is answered **YES** or **LEFT BLANK**, no representative of the Company is authorized to accept money; and **NO COVERAGE** will take effect under this Agreement. If the Agreement is submitted to the Company, the Company will consider it void from inception and there will be no coverage under it.

Terms and Conditions

Maximums
Issue Age 70 (as measured from nearest birthday), Amount of Coverage \$1,000,000

If money has been accepted by the Company as advance payment for an application for Life Insurance and a Proposed Insured dies while this temporary insurance is in effect, in accordance with the terms and conditions of the plan applied for, the Company will pay to the beneficiary designated in the application the lesser of (a) the amount of all death benefits applied for in the Application, including any accidental or supplemental death benefits, if applicable, or (b) \$1,000,000. In no event shall the total benefit payable under this Agreement and under any other Temporary Insurance Agreement with the Company exceed \$1,000,000 with respect to ALL Proposed Insured(s).

In order for all or any part of any Accidental Death Benefit amount to be included in the Temporary Insurance Agreement Death Benefit for a Proposed Insured, the Accidental Death Benefit Rider must be applied for with respect to such Proposed Insured, and the death of such Proposed Insured must have been such that the Accidental Death Benefit would be payable if the Accidental Death Benefit Rider of the policy applied for were in force.

Date Coverage Begins
Temporary Life Insurance under this Agreement will begin on the date of this Agreement but only if Sections A through W of the signed Application have been completed on the same date and the modal premium reflected in the application for the policy applied for is received on the date of this Agreement. If an exam is required, the exam must be scheduled within five days of signing this agreement and the results must be received in the Home Office within 30 days of the date of the Agreement.

Date Coverage Terminates
Temporary Life Insurance under this Agreement will terminate on the earliest of:
(a) On the 31st day after the date of this agreement, if any requested exam results have not been received in the home office or,
(b) 90 days from the date of the Agreement, or
(c) the date that insurance takes effect under the policy applied for, or
(d) the date a policy, other than as applied for, is offered to the Applicant, or
(e) the date the Company mails notice of termination of coverage and/or returns prepayment to the premium notice address designated in the Application. The Company may terminate coverage at any time.

Terms and Conditions (continued)

Limitations

- (a) In no event will a death benefit be paid under both the Agreement and the policy applied for on the Application.
- (b) Material misrepresentations in the Application or in the answers to the Health questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of any payment made.
- (c) If the Proposed Insured dies by suicide, the Company's liability under this Agreement is limited to a refund of payment made.
- (d) There is no coverage under this Agreement if the check or draft submitted as payment is not honored by the bank.
- (e) No one, including an agent or broker, is authorized to waive or modify any of the terms or conditions of this agreement.

Signatures

I (we) have received a copy of and have read this agreement and declare that the answers are complete and true to the best of my (our) knowledge and belief. I (we) understand and agree to all its terms.

Date of this Agreement is (mm/dd/yyyy) _____ / _____ / _____

Signature of Proposed Insured 1 (If Proposed Insured is under age 18, parent or guardian must sign.)

Applicant (if other than Proposed Insured)

Signature of Proposed Insured 2 (if applicable)

Signature of Soliciting Agent - Licensed Resident Agent Where Required by Law

NOTICE: The Applicant should retain a copy of this agreement; the original will be retained by the Company. All checks must be made payable to the company designated above. Do not make check payable to the agent or leave check blank.

Terms and Conditions (continued)

Limitations

- (a) In no event will a death benefit be paid under both the Agreement and the policy applied for on the Application.
- (b) Material misrepresentations in the Application or in the answers to the Health questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of any payment made.
- (c) If the Proposed Insured dies by suicide, the Company's liability under this Agreement is limited to a refund of payment made.
- (d) There is no coverage under this Agreement if the check or draft submitted as payment is not honored by the bank.
- (e) No one, including an agent or broker, is authorized to waive or modify any of the terms or conditions of this agreement.

Signatures

I (we) have received a copy of and have read this agreement and declare that the answers are complete and true to the best of my (our) knowledge and belief. I (we) understand and agree to all its terms.

Date of this Agreement is (mm/dd/yyyy) _____ / _____ / _____

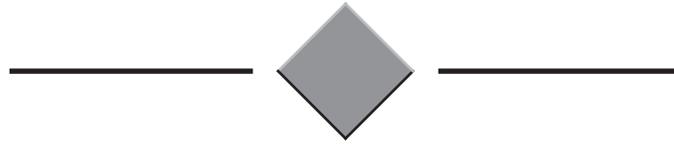
Signature of Proposed Insured 1 (If Proposed Insured is under age 18, parent or guardian must sign.)

Applicant (if other than Proposed Insured)

Signature of Proposed Insured 2 (if applicable)

Signature of Soliciting Agent - Licensed Resident Agent Where Required by Law

NOTICE: The Applicant should retain a copy of this agreement; the original will be retained by the Company. All checks must be made payable to the company designated above. Do not make check payable to the agent or leave check blank.



New York Regulation 60

Replacement Forms for Life Insurance Policies and Annuity Contracts

Effective May 1, 2015

Reg. 60 Life and Annuity Instructions

As part of our Application process, Penn Mutual requires a complete list of all existing Life Insurance and Annuity Contracts proposed to be replaced.

Life Instructions

1. The forms listed below are required for each application and must be signed on or before the application date:

PM0154 - Definition of Replacement

PM0152NY - Disclosure Statement Request Form

PM5404NY - Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts

PM0156NY - New York Regulation 60 List of Sales Material - Life Insurance

2. Form **11078 - New York Disclosure Statement (Life to Life or Life to Annuity, only)**, signatures are required as follows:

a. Policy issued other than as applied for or a 1035 Exchange, signed Disclosure Statement must be received prior to initiating the 1035 exchange process and/or policy issue.

b. Policy issued as applied for, signed Disclosure Statement may be signed on delivery of the policy and returned to Penn Mutual.

Upon receipt of the application and required Regulation 60 Forms, Penn Mutual shall request the Regulation 60 information from the replaced company. A notice of possible replacement, the replacement form and a copy of our illustration will be sent to the replacement company. Once the Regulation 60 information is received from the replacement company, Penn Mutual shall prepare the Disclosure Statement and provide to the Producer for delivery to the Client.

Penn Mutual is required to close the file when the proper forms are not signed and submitted at the correct times.

Annuity Instructions

Non-replacement

The form listed below is required for each application and must be signed on or before the application date:

PM0154 - Definition of Replacement - If no replacement is involved, submit a copy of the signed Definition of Replacement form with the application and any other applicable forms.

Replacement

1. The forms listed below are required for each application and must be signed on or before the application date:

PM0154 - Definition of Replacement

PM0152NY - Disclosure Statement Request Form

PM5404NY - Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts

PM0156NY - New York Regulation 60 List of Sales Material – Annuities (This form must be completed, but does not require a signature)

2. One of the following forms will be required for each Policy or Contract being replaced. Please complete all that apply:

PI1446 - New York Disclosure Statement - (Annuity to Annuity)

11078 - New York Disclosure Statement (Life to Annuity)

The application and all applicable required forms must be received by Penn Mutual before the 1035 Exchange/Transfer request can be sent to the transferring company.



Insurance Department of the State of New York
Definition of Replacement
This Form Must be Completed and Submitted With the Application

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Continued with a stoppage of premium payments or reduction in the amount of premium paid? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to any of the above questions, a replacement as defined by New York Insurance Regulation 60 has occurred or is likely to occur and your agent is required to provide you with the **important** notice regarding replacement or change of life insurance policies or annuity contracts. You will also receive a completed disclosure statement no later than the time your new policy or new contract is delivered.

 Signature of Applicant _____
Date (mm/dd/yyyy)

 Printed Name of Applicant

 Signature of Joint Applicant _____
Date (mm/dd/yyyy)

 Printed Name of Joint Applicant

To the best of my knowledge, a replacement is involved in this transaction. Yes No

 Signature of Producer _____
Date (mm/dd/yyyy)

 Printed Name of Producer



1. Insurance Company Information (please print)

Insurance Company Name

Insurance Company Address (Street) (City) (State) (Zip)

Pursuant to New York Regulation 60, please be advised that the following life insurance policies or annuity contracts may be replaced:

Policy/Contract Number	Owner	Insured/Annuitant

Please provide the information under this regulation which is necessary to complete the "Disclosure Statement" and forward it to the agent and company indicated below. A copy of the disclosure statement is attached for your convenience in replying. Thank you for your prompt attention to this request.

_____ / /
Owner/Applicant Signature Date (mm/dd/yyyy)

_____ / /
Agent Signature Date (mm/dd/yyyy)

2. Agent Information (please print)

Agent Name

Agent Address (Street) (City) (State) (Zip)

Agent Phone Number () Agent Fax Number () Agent Email Address

PML New Product Name (for illustration purposes) Benefit Rider (for illustration purposes)

3. Contact Information (please print)

<input type="checkbox"/> Penn Mutual Life Insurance Company Life New Business Attn: REG 60; C2N 600 Dresher Rd Horsham, PA 19044 Fax # 215-956-8351 Phone # 800-677-7366	<input type="checkbox"/> Penn Mutual Life Insurance Company Annuity Reg. 60 Attn: REG 60 600 Dresher Rd Horsham, PA 19044 Fax # 215-323-8049 Phone # 800-818-8184 Option 3
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Department of Financial Services of the State of New York
Important Notice Regarding Replacement or Change
of Life Insurance Policies or Annuity Contracts
This Notice is for Your Benefit and Required by Regulation No. 60

You are contemplating the purchase of a life insurance policy or annuity contract in connection with the surrender, lapse or change of existing life insurance policies or annuity contracts. The agent is required to give you this notice. A signed disclosure statement containing the summary result comparison for the new life insurance policy or annuity contract and any life insurance policies or annuity contracts to be changed that sets forth the facts of the transaction and its advantages and disadvantages to you. Your decision could be a good one - or a mistake -so make sure you understand the facts. You should:

1. Carefully study the disclosure statement, which includes a summary result comparison, until you are sure you understand fully the effect of the transaction. The disclosure statement is required to be provided to you no later than upon delivery of the policy or contract.
2. Ask the company or agent from whom you bought your existing life insurance policies or annuity contracts to review with you the transaction and the disclosure statement. You may be able to effect the changes you desire more advantageously with them. Their customer service telephone number is contained in the disclosure statement.
3. Consult your tax advisor. There may be unfavorable tax implications associated with the contemplated changes to your existing life insurance policies or annuity contracts.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

You have the right, within 60 days from the date of delivery of a new life insurance policy or annuity contract, to return it to the insurer and receive an unconditional full refund of all premiums or considerations paid on it, or in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender benefits provided under the policy or contract, plus the amount of all fees and other charges deducted from gross considerations or imposed under the life insurance policy or annuity contract, and **MAY** have the right to reinstate or restore any life insurance policies and annuity contracts that were surrendered, lapsed or changed in the transaction to their former status to the extent possible and in accordance with the insurer's published reinstatement rules to the extent such rules are not inconsistent with the provisions of this part.

IMPORTANT: this right should not be viewed as reinstating or restoring your life insurance policy or annuity contract to the same condition as if it had never been replaced. There may be consequences in reinstating or restoring your life insurance policy or annuity contract, including but not limited to:

- The right to reinstate or restore your life insurance policy or annuity contract applies only to companies subject to New York insurance laws;
- Your life insurance policy or annuity contract is subject to your specific company's reinstatement rules, which may vary from company to company. These rules may require payment of both premium and interest; however, you will not be subject to evidence of insurability, or a new contestable or suicide period;
- You may not receive the interest or investment performance during the period the life insurance policy or annuity contract was replaced; and
- There may be unfavorable federal income tax consequences as a result of the reinstatement of your life insurance policy or annuity contract.

IMPORTANT: In the case of a variable or market value adjustment policy or contract, the value of the policy or contract may increase or decrease during the 60 day period depending on the performance of the underlying investments, which may effect the value of the refund you receive.

I hereby acknowledge that I read the above "**IMPORTANT NOTICE**" and have received a copy of same.

Signature of Applicant

_____/_____/_____
Date (mm/dd/yyyy)

Signature of Applicant

_____/_____/_____
Date (mm/dd/yyyy)

Instructions to the Producer: For all sales which involve a replacement, check all product sales material which was used in making the sale, and include this form along with the other required forms when submitting the application to the home office.

If using a form or sales material other than those listed below, please indicate it here

No sales material was used

PRODUCT	DESCRIPTION	FORM #
UNIVERSAL LIFE		
<i>Accumulation Builder Advantage IUL</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit	PM6716 PM6716K
<i>Protection Guard UL</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit	PM6240 PM6240K
<i>Guaranteed Protection UL</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit	PM6003 PM6003K
VARIABLE UNIVERSAL LIFE		
<i>Diversified Growth VUL</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit <input type="checkbox"/> Prospectus CD	PM6702 PM6702K PM8118
SURVIVORSHIP LIFE		
<i>Survivorship Plus IUL</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit	PM6034 PM6034K
WHOLE LIFE		
<i>Guaranteed Choice Whole Life</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit <input type="checkbox"/> Consumer Small Business Brochure <input type="checkbox"/> Consumer Small Business Kit	PM6373 PM6373K PM6374 PM6374K
TERM INSURANCE		
<i>Guaranteed Term 10-15-20</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit	PM6043 PM6043K

New York Regulation 60
List of Sales Material - Annuities

Instructions to the Producer: For all sales which involve a replacement, check all product sales material which was used in making the sale, and include this form along with the other required forms when submitting the application to the home office.

If using a form or sales material other than those listed below, please indicate it here

No sales material was used

PRODUCT	DESCRIPTION	FORM #
VARIABLE ANNUITIES		
<i>Retirement Planner VA</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit <input type="checkbox"/> Prospectus CD	PM1059 PM1059K PM8117
<i>Smart Foundation VA</i> <i>Smart Foundation Flex VA</i> <i>Smart Foundation Plus VA</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Rider Brochure <input type="checkbox"/> Consumer Kit <input type="checkbox"/> Prospectus CD	PM5730 PM6423NY PM5730K PM8117
FIXED ANNUITIES		
<i>Guaranteed Foundation Fixed Annuity</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit	PM6949 PM6949K
<i>Single Premium Immediate Annuity</i>	<input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Consumer Kit	PM1389 PM1389K



Insurance Department of the State of New York
Disclosure Statement
Use for Life to Life or Life to Annuity Replacements Only

IMPORTANT - It may **NOT** be in your best interest to surrender, lapse, change or borrow from existing life insurance policies or annuity contracts in connection with the purchase of a new life insurance policy or annuity contract whether issued by the same or a different insurance company.

- This disclosure statement is required to be provided to you no later than upon delivery of new policy or contract. Please review this document carefully as it contains important comparison information between your existing insurance policy or annuity contract and the new policy or contract.

IMPORTANT 60 DAY REFUND PERIOD

- If you are not satisfied with you new life insurance policy or annuity contract you have the right, within 60 days from the date of delivery of your policy or contract, to return it and receive a refund.
- Please contact the company or agent if you have any questions.

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given this Disclosure Statement with policy information on all proposed and existing coverage affected.

Name of Applicant	Telephone Number ()
Applicant's Address (Street) (City) (State) (Zip)	
Name of Agent	Telephone Number ()
Name of Company	
Company Address (Street) (City) (State) (Zip)	

The information on existing coverage on this form was obtained from

- The replaced company
- Approximations if replaced company failed to provide information in the prescribed time

1. Description of Transaction:		As of Date (mm/dd/yyyy): / /			
	Proposed Policy/Contract	Existing Policies/Contracts Affected			
		(1)	(2)	(3)	
Company					
Customer Service Telephone #	()	()	()	()	()
Type of Insurance					
Face Amount	\$	\$	\$	\$	\$
Rider					
Premium	\$	\$	\$	\$	\$
Contract Number		#	#	#	#
Issue Date (mm/dd/yyyy)		/ /	/ /	/ /	/ /
Surrender Charge	\$	\$	\$	\$	\$
Guaranteed Interest Rate	%	%	%	%	%
Loan Interest Rate	%	%	%	%	%
Contestable Expiry Date	Years	/ mm/yy	/ mm/yy	/ mm/yy	/ mm/yy
Suicide Expiry Date	Years	/ mm/yy	/ mm/yy	/ mm/yy	/ mm/yy

Existing coverage to be changed by:					
		Existing Policies/Contracts Affected			
		(1)	(2)	(3)	
	Lapse or Surrender				
	Amendment or Reissue				
	Loan or Withdrawal				
	Reduction To	\$	\$	\$	
	Reduced Paid-Up For	\$	\$	\$	
	Extended Term For	Yrs. Mos.	Yrs. Mos.	Yrs. Mos.	

Cash released by change:				
	Year	\$	\$	\$
	Year	\$	\$	\$
	Year	\$	\$	\$

Use of cash released: _____

2. Summary Result Comparison:

New With Existing Coverage Changed		Annual Premium	Existing Coverage Unchanged	
Guaranteed	Non-Guaranteed		Guaranteed	Non-Guaranteed
\$	\$	At Present	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$
Guaranteed	Non-Guaranteed	Surrender Value	Guaranteed	Non-Guaranteed
\$	\$	At Present	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$
Guaranteed	Non-Guaranteed	Death Benefit	Guaranteed	Non-Guaranteed
\$	\$	At Present	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$
Guaranteed	Non-Guaranteed	Dividends	Guaranteed	Non-Guaranteed
\$	\$	At Present	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$

Agent's Statement:

1. The primary reason(s) for recommending the new life insurance policy or annuity contract is (are):

2. The existing life insurance policy or annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing life insurance policy or annuity contract without changes are:

Remarks:

The attached proposal, including sales material, was used in this sale.

No proposal or sales material was used in this sale.

If more than three existing life insurance policies or annuity contracts are to be affected by this transaction or if more than one new life insurance policy or annuity contract is proposed, the first page of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed for all existing life insurance policies or annuity contracts to all proposed life insurance policies or annuity contracts. The proposal, including sales material used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Signature of Agent

_____/_____/_____
Date (mm/dd/yyyy)

I hereby acknowledge that I received and read the above "Disclosure Statement"

Signature of Applicant

_____/_____/_____
Date (mm/dd/yyyy)

Signature of Applicant

_____/_____/_____
Date (mm/dd/yyyy)



**Insurance Department Of The State Of New York
Disclosure Statement
(Annuity to Annuity Replacement Only)**

IMPORTANT - It may **NOT** be in your best interest to surrender, lapse, change or borrow from existing life insurance policies or annuity contracts in connection with the purchase of a new life insurance policy or annuity contract whether issued by the same or a different insurance company.

This disclosure statement is required to be provided to you no later than upon delivery of new policy or contract. Please review this document carefully as it contains important comparison information between your existing insurance policy or annuity contract and the new policy or contract.

IMPORTANT 60 DAY REFUND PERIOD:

- If you are not satisfied with your new life insurance policy or annuity contract you have the right, within 60 days from the date of delivery of your policy or contract, to return it and receive a refund.
- Please contact the company or agent if you have any questions.

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given this Disclosure Statement with policy information on all proposed and existing coverage affected.

Name of Applicant	Telephone Number ()
Address	
Name of Agent	Telephone Number ()
Company	
Address	

The information on existing coverage on this form was obtained from
 The replaced company
 Approximations if replaced company failed to provide information in the prescribed time

1. Description of Transaction: _____ **As of Date:** _____

	Proposed Annuity Contract	Existing Annuity Contracts Affected		
		1	2	3
Company Name				
Customer Service Telephone Number				
Type of Annuity				
Contract Number				
Issue Date				

	Proposed Annuity Contract	Existing Annuity Contracts Affected		
		1	2	3
Account Value	\$	\$	\$	\$
Minus Surrender Charge	\$	\$	\$	\$
+/- Market Value Adjustment (if any)	\$	\$	\$	\$
Equals Surrendered Value	\$	\$	\$	\$

2. Summary Result Comparison

The Proposed Annuity: Surrender Value to be Invested \$ _____

	At Guaranteed Rate	At Current Rate	If Variable Annuity Hypothetical Rates of Return		
			@ 0%	@ 6%	@ 12%
Surrender Value					
In 5 Yrs.	\$	\$	\$	\$	\$
In 10 yrs.	\$	\$	\$	\$	\$
Death Benefit					
In 5 Yrs.	\$	\$	\$	\$	\$
In 10 yrs.	\$	\$	\$	\$	\$

If You Continue Your Current Annuity: Current Value \$ _____

	At Guaranteed Rate	At Current Rate	If Variable Annuity Hypothetical Rates of Return		
			@ 0%	@ 6%	@ 12%
Surrender Value					
In 5 Yrs.	\$	\$	\$	\$	\$
In 10 yrs.	\$	\$	\$	\$	\$
Death Benefit					
In 5 Yrs.	\$	\$	\$	\$	\$
In 10 yrs.	\$	\$	\$	\$	\$

Agent's Statement:

1. The primary reason(s) for recommending the new annuity contract is (are):

2. The existing annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing annuity contract without changes are:

4. The surrender charge, if my client replaces his or her existing annuity contract, is _____ % or \$ _____.

The new annuity my client is applying for imposes a new surrender charge as follows:

(Describe percentage rate of surrender charge for each year in which a surrender charge is imposed)

Remarks:

- The attached proposal, including sales material, was used in this sale.
- No proposal or sales material was used in this sale.

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed, the first page of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison shall be completed for all existing annuity contracts to all proposed annuity contracts. The proposal, including sales material used in the sale of the proposed annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

_____/_____/_____
Signature of Agent Date

I hereby acknowledge that I received and read the above Disclosure Statement.

_____/_____/_____
Signature of Applicant Date

_____/_____/_____
Signature of Applicant Date

Name of Applicant(s) – Name of person(s) applying for coverage.

Telephone # - Home telephone number of applicant(s)

Address(es) – Address of applicant(s)

Name of Agent – Name of agent writing new coverage

Telephone # - Agent's business telephone number

Agent's Address – Business address of agent

Source of Information on Existing Coverage – If any information on existing coverage was received from one or more replaced company(ies), mark "X" in "replaced company(ies)" box. If any approximations were used because requested information was not provided by one or more replaced company(ies), mark "X" in the "approximations" box.

Part 1 – Description of Transaction

Company Name – Names of insurance companies for proposed and existing contracts.

Customer Service Phone No. – Customer service telephone numbers for proposed and existing contracts.

Type of Annuity - Type of deferred annuity, e.g. fixed only, variable only or combination fixed/variable, for proposed and existing contracts.

Annuity Contract No. – Blank for proposed contracts; contract numbers of existing contracts.

Annuity Issue Date – Blank for proposed contracts; issue date for existing contracts.

Account Value –

Proposed Contract(s) – sum total of the surrender values of the existing contracts shown in existing contracts.

Existing Contract(s) – Current account value, before deduction of surrender charges, market value adjustments and other contractual deductions, as of date shown

Surrender Charge (If Any) – For existing contract(s), determine surrender charge, use as of date, including any applicable contractual charges, other than market value adjustments (MVA).

Market Value Adjustments (If Any) – For existing contracts, determine MVA, use as of date. If surrender charge and MVA are not separately determinable, include the combined charges under the surrender charge category and note on the MVA line "included above".

Surrender Value – For existing contracts, determine surrender value by deducting the surrender charge and/or MVA from the account value.

Additional Information (optional) – Any additional information on proposed contract(s), such as IRS plan type, product trade name, etc. requested by the replacing insurer to identify the particular contract(s) being proposed.

Part 2 – Summary Result Comparison

General Instructions – Assume no future deposits or withdrawals in determining illustrated values. If more than one contract is being replaced and/or being proposed, determine the illustrated values as the sum total of the values for the individual contracts in Part 1.

Surrender Value to Be Invested for Proposed Annuity – Determine the surrender value as the sum total of the surrender values of the existing contracts shown in Part 1.

Part 2 – Summary Result Comparison (continued)

Current Value of Existing Annuity(ies) – Determine the current value as the sum total of the account values of the existing contracts shown in Part 1.

Surrender Value of Fixed Annuity – In the appropriate fixed annuity columns, determine the surrender value as the sum total of the cash surrender values of each of the proposed and the existing contracts at the end of 5 and 10 years after the date of illustration.

At Guaranteed Rate – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guaranteed period, and the minimum guaranteed crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” in a similar manner. Deduct surrender charge and/or market value adjustments, as appropriate.

At Current Rate – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the current one year term crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” in a similar manner. Deduct surrender charge and/or market value adjustment, as appropriate.

Surrender Value of Variable Annuity – In the appropriate variable annuity columns, determine the surrender value as the sum total of the cash surrender values of each of the proposed and the existing contracts at the end of 5 and 10 years after the date of the illustration.

At 0%, 6%, 12% - For all fixed and/or variable investment division funds of a proposed combination fixed/variable or variable only annuity, accumulate “Surrender Value to be Invested” at 0%, 6% and 12% annual investment rates. For all fixed and/or variable investment division funds of existing combination fixed/variable and variable only annuity(ies), accumulate “Current Value” in a similar manner. Note that the annual investment rates are assumed to have already been reduced by management and other fund expenses and other contractual charges (other than surrender charge). Deduct surrender charge and/or market value adjustment, as appropriate.

Death Benefit of Fixed Annuity – In the appropriate fixed annuity columns, determine the death benefit as the sum total of the death benefits of each of the proposed and the existing contracts at the end of 5 and 10 years after the date of the illustration. These values should reflect the effect of any minimum death benefit guarantees of the proposed and existing contracts.

At Guaranteed Rate – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guaranteed period, and the minimum guaranteed crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” in a similar manner.

At Current Rate – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guaranteed period, and the current one year term crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” in a similar manner.

Death Benefit of Variable Annuity – In the appropriate variable annuity columns, determine the death benefit as the sum total of the death benefits of each of the proposed and the existing contracts at the end of 5 and 10 years after the date of the illustration. These values should reflect the effect of any minimum death benefit guarantees of the proposed and existing contracts.

At 0%, 6%, 12% - For all fixed and/or variable investment division funds of a proposed combination fixed/variable or variable only annuity, accumulate “Surrender Value to be Invested” at 0%, 6% and 12% annual investment rates. For all fixed and/or variable investment division funds of existing combination fixed/variable and variable only annuity(ies), accumulate “Current Value” in a similar manner. Note that the annual investment rates are assumed to have already been reduced by management and other fund expenses and other contractual charges (other than surrender charge).

Part 2 Agent's Statement (Continued)

Disclosure Question 1 – Enter the reason(s) for recommending the new annuity contracts.

Disclosure Question 2 – Enter the reason(s) why the existing annuity contracts cannot meet the applicant's objectives (e.g., too expensive, not high enough crediting rates).

Disclosure Question 3 – List the advantages of continuing the existing annuity contracts (e.g., no surrender charge).

Disclosure Question 4 – List the percentages and/or amounts of surrender charge(s) of the existing contracts to be replaced. List the year-by-year surrender charges of the proposed contracts. Enter an explanation, if necessary.

Remarks – Enter any appropriate comments.

Proposal Used – Enter an "X" in the appropriate box indicating if proposal and/or sales material was used to make the sale.

Agent Certification – Agent signs and dates the form.

Applicant's Acknowledgement – Applicant(s) sign and date the form.

All questions must be completed. Use N/A (Not Applicable when appropriate).

1. **Name of Applicant** - Print name of person applying for coverage.
2. **Telephone Number** - Home telephone number of applicant.
3. **Address** - Full address of applicant.
4. **Name of Agent** - Print name of agent writing new coverage.
5. **Telephone Number** - Agent's business telephone number.
6. **Agent's Address** - Agency business address, with Name of Agency or Company affiliation, if any.
7. **Source used to complete information** - check if obtained from replaced company(ies) or approximations used in information not provided by replaced company(ies), and identify the companies.

Description of Transaction Section

8. **As of** - As of date of value of each existing policy.
9. **Company Name** - Name of Insurance companies for existing and proposed policies.
10. **Customer Service Phone Number** - Customer Service telephone numbers for existing and replacing insurance companies.
11. **Type of Insurance** - Type of insurance (i.e. Term, Whole Life, Universal Life).
12. **Face Amount** - Face amount of base policy excluding riders.
13. **Riders** - Indicate type of rider and benefit amount (if applicable) for all riders attached to base policy.
14. **Premium** - Include the premium for the base policy and all riders. Premium should be annualized if applicant is paying a premium mode other than annual.
15. **Contract Number** - Policy/Contract/certificate number of existing policies (blank for proposed policy).
16. **Issue Date** - Issue date of existing policies.
17. **Surrender Charge** - Specify current surrender charge of existing policies (if applicable).
18. **Guaranteed Interest Rate** - Specify contract minimum guaranteed interest rate (if applicable) for existing and proposed policy.
19. **Loan Interest Rate** - Indicate loan interest percentage (if applicable) for existing and proposed policy.
20. **Contestable Expiry Date** - Indicate if contestable period has expired or contestable expiry date (month, day and year) for current policies and duration of contestable period for proposed policy.
21. **Suicide Expiry Date** - Indicate if suicide period has expired or suicide expiry date (month, day and year) for current policies and duration of suicide period for proposed policy.
22. **Lapse or Surrender** - Check if existing policy(ies) are to be lapsed or surrendered.
23. **Amendment or Reissue** - Check if existing policy(ies) are to be amended or reissued.
24. **Loan or Withdrawal** - Check if existing policy(ies) cash value will be borrowed or withdrawn.
25. **Reduction To** - Indicate reduced face amount of existing policies.
26. **Reduced Paid Up for** - Indicate new face amount if policy(ies) are being placed on reduced paid-up non-forfeiture option.

Description of Transaction Section (continued)

27. **Extended Term for** - Specify expiry date (month, day and year) or duration of Extended Term Period (whichever available) if policy(ies) are being replaced on Extended Term Insurance (ETI) non-forfeiture option.
28. **Cash Released By Change** - Enter the year and dollar amount of funds released by exercising one of the above changes.
29. **Use of Cash Released** - How will cash released be used (e.g., 1035 Exchange, pay premiums on proposed policy).

Summary Result Comparison Section

New Proposed With Existing Coverage Changed [Values reflecting planned changes for existing policy(ies)]

Annual Premium - Indicate total annualized premium on a guaranteed and non-guaranteed basis for current year, five years hence and ten years hence for proposed policies. Premiums should be annualized if applicant is paying a premium mode other than annual.

Surrender Value - Indicate surrender value (net of loan) on a guaranteed and non-guaranteed basis at present, five years hence, and ten years hence for proposed policies.

Death Benefit - Enter death benefit on a guaranteed and non-guaranteed basis at present, five years hence and ten years hence for proposed policies.

Dividends - Enter illustrated dividends, if applicable, at present, 5 years hence and ten years hence for proposed policies. [To be completed if dividends are not included above in Surrender Value and Death Benefit.]

Existing Coverage Unchanged

Annual Premium - Indicate total combined existing policy(ies) annual premium based on existing coverage unchanged on a guaranteed and non-guaranteed basis, current year, five years hence and ten years hence.

Surrender Value - Enter total combined existing policy(ies) surrender value on a guaranteed and non-guaranteed basis, at present, five years hence and ten years hence based on existing coverage unchanged.

Death Benefit - Enter total combined existing policy(ies) death benefit on a guaranteed and non-guaranteed (including paid-up additions) basis, at present, five years hence and ten years hence based on coverage unchanged.

Dividends - Enter illustrated dividends, if applicable, at the end of first year, five years hence and ten years hence based on existing coverage unchanged. [To be completed if dividends are not included above in Surrender Value and Death Benefit.]

Agent Statement Section

Disclosure Question 1 - Enter the reason(s) for recommending the new life policy or annuity contract(i.e. lower premium).

Disclosure Question 2 - Enter the reason why the existing insurance policy(ies) or annuity contract(s) cannot meet the applicant's objectives (e.g. too expensive, not enough coverage).

Disclosure Question 3 - List the advantages of continuing the existing insurance policy or annuity contract (e.g. contestability and suicide clause have expired).

Remarks - Enter any pertinent comments bearing on the transaction.

Proposal Used - Check the appropriate box indicating if a proposal/sales material was used to make the sale.

Agent Certification - Agent signs and dates.

Applicant's Acknowledgment - Applicant and spouse (if his/her policy will be replaced with new coverage) sign and date. If applicant and owner are different, owner must also sign.

The Tests

In order to determine your eligibility for insurance or insurance benefits, we request that you consent to provide a sample of your blood or other bodily fluids for testing and analysis. One of the tests to be performed on this blood or other bodily fluids sample will be a test to determine the presence of antibodies to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV test is actually a series of tests on your blood or other bodily fluids sample done by a medically accepted procedure which is extremely reliable. The testing of the blood or other bodily fluids will be performed by a federally licensed testing laboratory.

Disclosure of Test Results

All test results will be treated confidentially. The results will be made known only to the company named above (the Company) and its reinsurers, if involved in the underwriting process. If your HIV Antibody Test is abnormal, a generic code signifying a non-specific abnormality will be made known to the Medical Information Bureau (MIB, Inc.) in the manner prescribed in the Notice of Information Practices given to you at the time of the application. The Company will not otherwise disclose the fact that the test has been done or the results of the test except as may be required by law or as authorized by you at a later time.

Meaning of Test Results

Positive test results do not mean that you have AIDS, but that you are at a significantly increased risk of developing AIDS or AIDS related conditions. You may wish to consider further independent testing. Federal authorities say that persons who are HIV antibody/antigen positive should be considered infected with the AIDS virus and capable of infecting others. Positive HIV antibody/antigen test results will adversely affect your insurance application.

AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life threatening disorder of the immune system caused by a virus, HIV. The HIV virus causes AIDS and can be transmitted through unprotected sexual activities, through contact with blood as in sharing of needles, by pregnant women to their fetuses, and through breastfeeding infants. Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and unprotected sexual contacts.

What are the Benefits of Taking the Test?

- If your test result is negative, you can learn how to protect yourself from being infected with the virus in the future. You should ask your doctor or counselor how.
- If your test result is positive:
 - o You can learn how to prevent passing the virus to others.
 - o Receive treatment for HIV and learn about other ways to stay healthy.
 - o Knowing that you are infected is important for your health. Your doctor can care for you better.
 - o If you are a woman or man who is thinking of having a child, you can learn about the risk of passing the virus to the baby.
 - o If you are a woman who is already pregnant and have HIV, treatment is available for your own health and to prevent passing HIV to your baby. Your doctor can provide information on the full range of options and services available to you.
 - o Individuals with HIV or AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected.
 - o State law protects the confidentiality of your HIV test results and also protects you from discrimination based on your HIV status. Services are available to help with such consequences.

Voluntary Testing

Taking an HIV antibody test is voluntary. If you do not wish anyone to know your test results or even that you have been tested, you can go to an anonymous test site where you can receive counseling and the HIV test without giving your name or address. You can locate the nearest anonymous test site by calling the AIDS hotline 1-800-541-2437.

Notification of Positive Test Result

If your HIV antibody test results are negative, no specific notification will be sent to you. In the event of an adverse underwriting decision due to positive or indeterminate HIV test results, you may identify below the person to whom the specific test results may be disclosed. Such person may be yourself, a physician or any other person you may wish, at your sole discretion, to designate. You should strongly consider designating a medically trained person who can help you understand what the test results mean.

Physician, health care provider or other person to whom positive or indeterminate test results will be reported:

Name of physician, health care provider, or other designated person

Address

If you prefer positive or indeterminate results be sent directly to you, please sign here:

If your test is positive, we strongly urge you to contact your physician who may wish to consider further independent studies. The New York State Department of Health’s statewide toll-free number is 1-800-541-AIDS (2437) and may be called for further information about AIDS; the meaning of HIV related test results, and the availability and location of HIV related counseling services.

Consent

I have read and I understand this Notice of AIDS Virus (HIV) Antibody Testing and Consent for Testing. I voluntarily consent to the withdrawing of blood or other bodily fluids from me, the testing of my blood or other bodily fluids for HIV antibodies, and the disclosure of the test results to the Company, its reinsurers, and the MIB, Inc. This consent maybe withdrawn at any time before the sample has been obtained. I understand that this consent shall be valid for six months following the date shown below. I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

Proposed Insured (please print)

____/____/____

Date of Birth (mm/dd/yyyy)

Signature of Proposed Insured or Parent/Guardian

____/____/____

Date (mm/dd/yyyy)

Insurance and annuity products are offered in New York through insurance producers (“producers”) who are licensed by the New York Insurance Department. A producer advises insurance purchasers on the terms and conditions of insurance and annuity products; offers advice concerning the benefits and advantages of particular products; and assists in processing applications for the sale of these products. Producers are compensated based on the insurance and annuity contracts they sell. The form, amount, and timing of the compensation earned by a producer varies based on factors that include the type of insurance or annuity product, the size of the insurance or annuity contract, and the compensation rates for the different types of products. Other factors may also affect the compensation earned by a producer, including total sales of products over a period of time and/or the profitability of the particular insurance and annuity contracts sold. A customer who purchases or considers purchasing an insurance or annuity product may request from the producer more information about the actual or expected compensation that will be paid to the producer in connection with the sale of the product.

Client Signature

____ / ____ / ____
Date (mm/dd/yyyy)

Accelerated Benefit - Chronic Illness Disclosure

The acceleration of life insurance benefits offered under this contract are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs and may be taxable. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

Upon exercise of this rider, an actuarial present value discount will be applied which will cause a reduction in the death benefit and policy values.

FOR INDEXED PRODUCTS ONLY

Equity index market participation disclosure under Section 3209(b)(2)(A)

The equity index account provides benefits linked to an external equity index and does not participate directly in the equity market.

Change or discontinuance of the equity index disclosure under Section 3209(b)(2)(B)

If the publication of the index is discontinued, or if in our sole discretion we determine that the index should no longer be used, a similar index may be substituted subject to approval of the insurance supervisory official of the jurisdiction in which the Policy is issued. You will be notified of any change of index.

Equity index life insurance policy paid dividend disclosure under Section 3209(b)(2)(C)

Standard & Poor's 500®			
Year Ending	(a) Total Return	(b) Index Without Dividends	(a) - (b) Dividend Component
12/31/2015	1.38%	-0.73%	2.11%
12/31/2014	13.69%	11.39%	2.30%
12/31/2013	32.39%	29.60%	2.79%
12/31/2012	16.00%	13.41%	2.59%
12/30/2011	2.11%	0.00%	2.11%
12/31/2010	15.06%	12.78%	2.28%
12/31/2009	26.46%	23.45%	3.01%
12/31/2008	-37.00%	-38.49%	1.49%
12/31/2007	5.49%	3.53%	1.96%
12/29/2006	15.79%	13.62%	2.17%
Arithmetic Average			2.28%

The index used in determining the interest crediting is the Standard & Poor's 500® index without dividends. Dividends paid on the securities underlying the index are not included in the index return. Over the ten year period ending December 31st, 2015 the returns on the index were lower by an average of 2.28% each year compared to the same index with dividends.

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Standard & Poor's Global BMI®			
Year Ending	(a) Total Return	(b) Index Without Dividends	(a) - (b) Dividend Component
12/31/2015	-1.58%	-3.89%	2.31%
12/31/2014	4.36%	1.96%	2.40%
12/31/2013	24.12%	21.15%	2.97%
12/31/2012	17.15%	14.07%	3.08%
12/30/2011	-7.72%	-10.07%	2.35%
12/31/2010	15.11%	12.44%	2.67%
12/31/2009	37.76%	34.03%	3.73%
12/31/2008	-42.42%	-44.01%	1.59%
12/31/2007	11.94%	9.57%	2.37%
12/29/2006	21.75%	19.14%	2.61%
Arithmetic Average			2.61%

The index used in determining the interest crediting is the Standard & Poor's Global BMI® index without dividends. Dividends paid on the securities underlying the index are not included in the index return. Over the ten year period ending December 31st, 2015 the returns on the index were lower by an average of 2.61% each year compared to the same index with dividends.

*The Standard and Poor's Global BMI® index is not available for all products offered by Penn Mutual. Please refer to Penn Mutual's Life Application for the indexed accounts available for your product selection.

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The Penn Mutual Life Insurance Company
The Penn Insurance and Annuity Company

Important Information for Military Personnel

Separate and apart from the purchase of any Penn Mutual Life Insurance or Penn Insurance and Annuity policy, members of the U.S. Armed Services, their spouses and dependent children may purchase subsidized life insurance through the Federal Government under the Servicemember's Group Life Insurance (SGLI) program.

Life insurance coverage under the SGLI program is available in \$50,000 increments up to a coverage maximum of \$400,000. The premium rate for basic SGLI life insurance is 6.5 cents per \$1,000 of coverage. Additional information about the SGLI program available from the Federal Government under subchapter III of chapter 19 of title 38, United States Code, can be found online at www.insurance.va.gov.

The Penn Mutual Life Insurance or Penn Insurance and Annuity product currently being discussed or considered is not offered through the SGLI program or otherwise provided, sanctioned or recommended by the Federal Government; nor is it intended to replace any coverage you already have through the SGLI program.

The purchase of life insurance under the SGLI program does not preclude you from also purchasing coverage from Penn Mutual Life Insurance or Penn Insurance and Annuity. You may purchase the Penn Mutual Life Insurance or Penn Insurance and Annuity policy regardless of whether or not you purchase or already have SGLI program coverage.

The Penn Mutual Life Insurance or Penn Insurance and Annuity illustration will provide the terms and circumstances under which any funds accumulated in a savings account or feature of the Penn Mutual Life Insurance or Penn Insurance and Annuity policy may be diverted to pay, or reduced to offset, premiums due for continuation of coverage. Any person receiving a referral fee or incentive compensation in connection with the offer or sale of the Penn Mutual Life Insurance or Penn Insurance and Annuity insurance product is a licensed agent of the issuing company.

Signatures

I have reviewed and understand the above Important Information for Military Personnel and acknowledge that I received this information in connection with my application for life insurance through Penn Mutual Life Insurance or Penn Insurance and Annuity. I also acknowledge that there has been no attempt to sell or offer on a military installation any Penn Mutual Life Insurance or Penn Insurance and Annuity policy to me or any dependent.

	/ /
Signature of Service Member (Proposed Insured)	Date (mm/dd/yyyy)

	/ /
Print Name of Service Member (Proposed Insured)	Date of Birth (mm/dd/yyyy)

	/ /
Signature of Service Member Dependent (if Applicable)	Date (mm/dd/yyyy)

	/ /
Print Name of Service Member Dependent (if Applicable)	Date of Birth (mm/dd/yyyy)



PennMutual®

The Penn Mutual Life Insurance Company

The Penn Insurance and Annuity Company

Instructions for Completing the Confidential Financial Statement

The revised Confidential Financial Statement (CFS) is more detailed than our previous form. It is our goal to capture sufficient information to allow the Underwriter to make an informed decision without needing additional financial information later in the underwriting process.

For personal coverage, please complete as follows:

Ages 20-60 for amounts \$5MM+

Ages 61-70 for amounts \$2.5MM+

Ages 71+ for amounts \$1MM+

The new CFS is required for all Multi-generational Legacy Planning, and IRA Wealth Transfer cases, and /or where the source of the premium payment is through the use of liquid assets.

For business owned cases:

Complete Part 2 of the CFS for all cases where the applied for amount is \$1,000,000 and higher. The Part 1 should also be completed based on the guidelines above.

For Amounts of \$5,000,001 and above, also submit financial statements for the last two years (personal or business depending on the purpose of the insurance).

For personal coverage, please supply tax returns and a year-end review, by the personal accountant, listing assets and liabilities.

For business coverage, please supply tax returns, balance sheets, income statements, and profit & loss statements, prepared by the business accountant.

If non-liquid assets (real estate, art collections etc.) comprise more than 25% of net worth, we will need appraisals, tax assessments, or similar type verification to certify value.

If business equity comprises more than 25% of net worth, we will need business financials to verify value.



The Penn Mutual Life Insurance Company
The Penn Insurance and Annuity Company

Confidential Financial Statement

Part 1				
Proposed Insured (First)		(Middle)	(Last)	Date of Birth (mm/dd/yyyy) / /
1. Personal Income of Proposed Insured (household income if applicable)				
Earned Income: Salary, Bonus, Commissions, etc.	\$	Pensions, Deferred Compensation, Social Security, etc.		\$
Investment Income: Interest, Dividends, Capital Gains, etc.	\$	Other (source):		\$
Net Income from Business Ownership/Operations	\$			\$
Rents, Royalties, etc.	\$	Total Annual Income		\$
<i>Additional information or documentation may be requested as necessary for verification.</i>				
2. Assets and Liabilities				
Assets			Liabilities	
Cash: Checking, Savings, CD, etc.	\$	Mortgage - residence		\$
Market Securities: Stocks, Bonds, etc.	\$	Mortgage - other		\$
Mutual Funds	\$	Bank Loans		\$
Real estate - residence	\$	Personal Notes		\$
Real estate - other	\$	Liens/judgment		\$
Personal Property: Vehicles, Jewelry, Art, Collectibles etc.	\$	Business liabilities		\$
Business Equity	\$	Other Liabilities (describe):		
Annuities	\$			\$
Other (describe):	\$			\$
Total Assets	\$	Total Liabilities		\$
Net Worth (Total Assets minus Total Liabilities)				
<i>For any item representing over 25% of your total assets, we may request copies of latest statements of values.</i>				
3. Retirement Plans				
Qualified Plans: (401(k), 403(b), Keogh, etc.)	\$	Other (describe):		
Traditional IRA	\$			\$
Roth IRA	\$			\$
		Total		\$
4. Real Estate Assets				
Description	Address	Current Market Value	Liability	Ownership %

Part 2 - Complete for Business Insurance

1. Name of Business _____		Years in Existence _____	
2. Type of Business: <input type="checkbox"/> LLC <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
3. Nature of Business _____			
4. Purpose of coverage <input type="checkbox"/> Buy-Sell <input type="checkbox"/> Keyperson <input type="checkbox"/> Deferred Comp <input type="checkbox"/> Split Dollar <input type="checkbox"/> Loan <input type="checkbox"/> Other			
If Loan: Name of Lender _____			
Date of Loan (mm/dd/yyyy) ____ / ____ / _____			
Amount of Loan \$ _____			
Repayment terms _____			
5. Provide the following information for all business owners of the company			
Name	% Business Ownership	Total amount of business insurance already in force with all companies	Total amount of new insurance to be put in force with all companies
6. Business Finances			
	Current Year	Last Year	
Total Revenues	\$ _____	\$ _____	
Net income/profit	\$ _____	\$ _____	
Retained earnings	\$ _____	\$ _____	
Shareholder Equity	\$ _____	\$ _____	
7. Source of financial figures and information			
<input type="checkbox"/> Company financial statements <input type="checkbox"/> Accountant <input type="checkbox"/> Other (specify) _____			
(Please include business financial statements for amounts that exceed \$5,000,000)			
8. a. Estimated fair market value \$ _____			
b. Indicate how fair market value was determined:			
<input type="checkbox"/> Book value <input type="checkbox"/> Appraisal (attach copy) <input type="checkbox"/> Capitalized earnings (indicate rate) <input type="checkbox"/> Buy Sell Agreement			
<input type="checkbox"/> Other (describe) _____			
The following financial disclosures are for the purpose of establishing financial insurability in connection with my application for life insurance. They are furnished as a true and accurate statement of my personal and/or business finances as of this date.			
Signed at _____		_____/_____/_____ Date (mm/dd/yyyy)	
Signature of Proposed Insured _____		_____/_____/_____ Date (mm/dd/yyyy)	