K·C·L GROUP BENEFITS

Kansas City Life Insurance Company
PO Box 219425
Kansas City, MO 64121-9425

APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE

1 PROPOSED INSURED

Print full first name, middle initial, last name | Social Security Number

☐ MALE ☐ FEMALE | Birthdate (Month/Day/Year) | Age | Birthplace (State)

Address | City | State | Zip Code

2 LIFE INSURANCE

Basic Plan | Face Amount $_____ | Annual Premium $_____ | Automatic Premium Loan ☐ Yes ☐ No

3 PREMIUMS

Payment Frequency: ☐ Ann ☐ SA ☐ Qlty ☐ Mo

Payment Method: ☐ PAC ☐ GA ☐ CB ☐ Other

Notices to: ☐ Proposed Insured ☐ Owner ☐ Other — If other, give name and address below.

4 BENEFICIARY with right to change

Primary (Name, Address, and Social Security Number) | Relationship to Proposed Insured | Equally to the survivors, or to the survivor

Contingent (Name, Address, and Social Security Number) | Relationship to Proposed Insured

5 OWNER if other than Proposed Insured

Print full first name, middle initial, last name | Relationship to Proposed Insured

Number Street or Route | City | State | Zip Code | ☐ Male ☐ Female

☐ Social Security Number ☐ Taxpayer I.D. Number _____ | Birthdate (Month/Day/Year) | Age | Birthplace (State)

Successor Owner (If applicable) | Relationship to Proposed Insured | (If multiple successor owners, show order and distribution in "6" below.)

6 SPECIAL REQUESTS

Home Office Endorsements

7 AGREEMENT AND SIGNATURES

It is understood and agreed as follows:

1. I have carefully read the statements and answers recorded in this application; they are, to the best of my knowledge and belief, true and complete, they will become a part of this application and the policy issued on it;
2. No agent has the authority to waive any of the Company's rights or requirements or to make or alter any contract or policy;
3. The effective date of the policy and insurance applied for will be the 31st day after the termination of insurance described in the Conversion Provisions of the Group Master Policy; however, no insurance will be effective if the Proposed Insured is not then living or if the policy applied for is not available under the Conversion Provisions of the Group Master Policy;
4. This application must be accompanied by the first premium; I agree there will be no liability on the part of the Company prior to the effective date and until the first premium has been paid;
5. Any provision in this application contrary to the laws of the state in which this policy is applied for and issued will be null and void.

Dated at _____ this _____ day of _____, 20_____.

In payment of the first full premium, $f_____ accompanies this application.

_____ _____

Witness Signature | Proposed Insured's Signature (if under 15, parent/guardian signature)

CERTIFICATION OF ELIGIBILITY FOR CONVERSION

To be completed by Policyholder

The following information is to be completed by the Policyholder of Group Master Policy Number_____ under which the Proposed Insured's Insurance is being converted.

Proposed Insured	☐ Insured Individual ☐ Dependent of _____ Insured Individual	Certificate Number
Date coverage began	Date coverage ceases	Amount of terminating life insurance

Reason for converting group insurance:

Individual:

☐ Termination of employment or membership with Policyholder organization.

☐ Transfer to class of individuals not eligible for life insurance.

☐ Termination of life insurance on class of individuals to which Proposed Insured belongs.

☐ Other

Dependent:

☐ Death of Insured Individual

☐ Dependent ceases to qualify as defined by the Dependents Rider.

☐ Other. _____

I certify that, according to our records, the information recorded above is true and complete.

Dated at _____ this _____ day of _____, 20 _____.

_____

Policyholder

By _____/ _____

Signature *Title*

For Home Office use only:

_____/ _____ _____/ _____

Agent *Code* *Agency* *Code*