



Czech Catholic Union

5349 Dolloff Road – Cleveland, OH 44127 – 216-341-0444 – 216-342-0711 Fax

LONG FORM APPLICATION PART 1

Society _____ Certificate: _____

1. PROPOSED INSURED

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ Age: _____ Sex: M F Birth Place: _____ Phone No.: _____

Social Security Number: _____ Email: _____

Occupation: _____ Employer: _____

2. OWNER (If other than Proposed Insured)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ Age: _____ Sex: M F Soc. Sec. No.: _____ Phone No.: _____

Relationship to Insured: _____ Email: _____

3. COVERAGE DETAILS

Plan Type: Single Prem. 5 Pay Life 20 Pay Life Ord. Life Term _____ Other _____

Face Amount: _____ Rider(s): _____ Premium Collected: _____ Mode: Annual Other _____

Primary Beneficiary(ies) (If more than one indicate share (%) each is to receive) Attach additional page if necessary.

Name: _____ Relationship: _____ Soc. Sec. No.: _____ Share (%) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____ Soc. Sec. No.: _____ Share (%) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contingent Beneficiary(ies) (If more than one indicate share (%) each is to receive) Attach additional page if necessary.

Name: _____ Relationship: _____ Soc. Sec. No.: _____ Share (%) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____ Soc. Sec. No.: _____ Share (%) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Existing Life Insurance? None

Pending Life Insurance? None

Is discontinuing premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating an existing life insurance policy or contract being considered? Yes No Is using funds from the existing policy or contract to pay premiums due on the insurance applied for herein being considered? Yes No (If yes, complete below and submit appropriate replacement forms.)

<u>Name of Company</u>	<u>Date of Issue</u>	<u>Life Amount</u>	<u>Purpose (Business/Personal)</u>	<u>ADB Amount</u>	<u>Replacement?</u>
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

