

Jefferson-Pilot  
 Life Insurance Company  
 P.O. Box 2616, Omaha, NE 68103-2616  
**Application for Conversion of Group Life Insurance**

1. Print full name of proposed insured.

2. Date of Birth	Month	Day	Year	3. Age	4. Sex
------------------	-------	-----	------	--------	--------

5. Residence Address	Number	Street	City
----------------------	--------	--------	------

County	State	Zip Code
--------	-------	----------

6. Social Security No.

7. Name of Policyholder under whose Group Policy proposed insured was insured

8. Group Policy Number	9. Certificate Number
------------------------	-----------------------

10. Date employment terminated	11. Date group insurance terminated
--------------------------------	-------------------------------------

12. Reason for termination

13. Insurance applied for  
 a. Amount \$ \_\_\_\_\_  
 b. Plan \_\_\_\_\_

14. Premium payable (check one)  
 Annually     Semi-annually     Quarterly  
 Bank draft     Other

15. Proposed insured's present occupation

16. Has proposed insured made or does he or she plan to make aerial flights other than as a passenger on a scheduled airline?  Yes  No  
 If yes, give details. \_\_\_\_\_

17. Does the proposed insured use tobacco products now or has the proposed insured used them in the past twelve months?  Yes  No

18. Beneficiary (**full name and relationship** to proposed insured)  
 a. Primary \_\_\_\_\_  
 b. Contingent \_\_\_\_\_

19. Complete this Section if the Proposed Insured is not the Applicant/Premium Payor.  
 Full Name of Applicant/Premium Payor \_\_\_\_\_  
 \_\_\_\_\_ of the Proposed Insured  
 Relationship \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Social Security No. \_\_\_\_\_

20. Policy Owner, if not the insured (full name & relationship)

21. Social Security or Tax ID# of owner (if not the insured)

**GENERAL.** To the best of my knowledge and belief, the answers given above are true and complete. It is agreed that: (a) this Application, a copy of which will be attached to the policy when issued, will be a part of the policy; (b) by acceptance of any policy issued on the life of the proposed insured, all rights under the Group Policy for such person are relinquished; and (c) only an executive officer of the Jefferson-Pilot Life Insurance Company can make or alter a contract of insurance or bind Jefferson-Pilot Life Insurance Company in any way.

Under penalties of perjury, I, the Owner, declare that the Social Security Number shown is correct and that the Internal Revenue Service has not notified me that I am subject to back-up withholding for failing to properly report dividend or interest income.

**WHEN INSURANCE TAKES EFFECT.** The insurance applied for on any person to be insured will not take effect unless the first premium is paid to Jefferson-Pilot Life Insurance Company during the lifetime of the proposed insured and before the end of 31 days following the date group coverage terminated. Insurance which becomes effective will take effect when the group coverage ends.

**FRAUD WARNING:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Date Signed \_\_\_\_\_  
 City and State Where Signed \_\_\_\_\_  
 Witness \_\_\_\_\_

Signature of proposed insured \_\_\_\_\_  
 Signature of applicant \_\_\_\_\_  
 (If other than proposed insured)

**FOR HOME OFFICE USE ONLY**

Date Group Coverage Terminated \_\_\_\_\_

Date of Individual Policy \_\_\_\_\_

Approved By \_\_\_\_\_