



GROUP TERM LIFE INSURANCE APPLICATION



How to apply: Complete this form in ink and PRINT clearly. All sections must be completed to process your application. Return in the postage-free envelope. AAA members and their spouses may apply (even if the spouse is not a AAA member). You do NOT have to send money now. Remember – you have 31 days to review your Certificate of Insurance when it arrives. **Questions? Call TOLL-FREE 1-800-974-1593.**

Master Policy GT8107
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To help us speed this through for you,

PLEASE COMPLETE AND MAIL BY OCT. 1

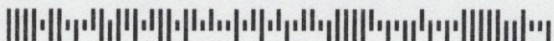
SEND NO MONEY NOW

It's as easy as 1-2-3!...

1 Member Information

J5Z
*****ECRLOT**C-028
Stephanie Ebel
59 Camino Real Dr
Lodi, CA 95240-0726

591/000/59630



DIMCS 3/12f
C13

Member Coverage Amount Desired:

→ \$200,000 \$100,000 \$50,000 \$25,000

Gender: Male Female

Date of Birth ___/___/___ (Must be age 18-69 to apply.)

Social Security Number ___/___/___

Place of Birth _____

Height ___ ft. ___ in. Weight ___ lbs.

Telephone Number (____) _____

E-Mail Address _____

Beneficiary Name _____ Relationship _____

2 Spouse/Registered Domestic Partner (RDP) Information (if applying)

Name _____

First Middle Initial Last

Home Address _____

City State Zip

Telephone Number (____) _____

E-Mail Address _____

Are you a AAA member or spouse/RDP of a member? Yes No

Spouse/RDP Coverage Amount Desired:

→ \$200,000 \$100,000 \$50,000 \$25,000

Gender: Male Female

Date of Birth ___/___/___ (Must be age 18-69 to apply.)

Social Security Number ___/___/___

Place of Birth _____

Height ___ ft. ___ in. Weight ___ lbs.

Beneficiary Name _____ Relationship _____

3 Complete All Questions — for each person applying

1. In the past 12 months have you used nicotine in any form?

In the past 5 years, have you been:

2. Convicted of a felony, DUI, or had your license suspended or revoked?

3. Diagnosed, treated, or advised to seek treatment for alcohol or substance abuse?

4. Advised by a member of the medical profession to have any surgery, treatment, follow-up test, hospital care, or medical investigations that are still pending for any abnormalities?

In the past 10 years, have you been diagnosed or treated by a member of the medical profession for:

5. Acquired Immune Deficiency Syndrome (AIDS), or AIDS-Related Complex (ARC)?

6. Paralysis, insulin dependent diabetes, lupus, Amyotrophic Lateral Sclerosis (ALS), multiple sclerosis, bipolar disorder, schizophrenia, major depression, stroke, heart or circulatory disorder, cancer, or tumor? (Answer **NO** if you **ONLY** have high blood pressure, or basal or squamous cell skin cancer.)

7. Chronic kidney disease, cirrhosis, hepatitis C, blood disorders including leukemia, any central nervous disorder including epilepsy, or lung disorders? (Answer **NO** if you **ONLY** have asthma or bronchitis.)

Will this certificate, if issued, replace any life insurance or annuity now in force?

(If "YES," please list name of company, and policy number of policy to be replaced.)

Company/Policy # (Member): _____ Company/Policy # (Spouse/RDP): _____

4 Payment Method — SEND NO MONEY NOW, but please give

Select One Payment Option

I authorize, until I revoke in writing, deduction of the **monthly premium** from my checking account.

I authorize, until I revoke in writing, the payment of the **monthly premium** from my credit card.

Credit Card Number:

• Please print name as it appears on checking account or credit card: _____

MEMBER SPOUSE/RDP

Yes No Yes No

NO MEDICAL EXAM

As a member of AAA in good standing, you may request as much as **\$200,000.00** in term life insurance for you (and if desired, your spouse*) with **NO MEDICAL EXAM.**

Simply mail this completed form in postage-free envelope (enclosed)

SEND NO MONEY

*Spouse includes Registered Domestic Partner, Civil Union Partner, or party to a domestic partnership between two adults, as recognized by state law.