

ASSURITY LIFE INSURANCE COMPANY

1526 K Street • PO Box 82533

Lincoln, NE 68501-2533

Toll Free 800-276-7619

Military Supplement

This form to be completed by the soliciting agent and submitted with the application if the proposed insured is (1) in the service or (2) a member of any active Reserve, ROTC, or National Guard Organization.

1. Name _____

2. If the proposed insured is in the Service:

a) Branch: Army Navy Marine Corps Air Force Coast Guard

b) Rank or rating _____

c) Date of entry into active duty _____

d) Does the proposed insured intend to make the Military or Naval Service a career? Yes No
If "No," on what date does the proposed insured plan to be placed on inactive duty? _____

e) Describe the present duties of the proposed insured: _____

f) How long has the proposed insured been at present assignment? _____

g) Has the proposed insured received orders, or anticipates orders for any change in duties or assignments? Yes No
If "Yes," give full details: _____

3. If the proposed insured is in an active Reserve, ROTC or National Guard Organization:

a) Branch (full name) _____

b) Rank or rating _____

c) Does the proposed insured attend meetings or drills and receive pay?..... Yes No

d) On what date did the proposed insured join? _____

4. Has the applicant ever received training for:

a) Aviation (either pilot or crew member) Yes No
If "Yes," please have Section D of the Avocation Questionnaire Form completed.

b) Paratroop activity Yes No

c) Mine handling, laying or sweeping..... Yes No

d) Submarine service Yes No

e) If any parts of this questionnaire are answered "Yes," or if such training is in prospect, explain fully:

I represent that the foregoing answers and statements are correctly recorded, complete, and true to the best of my knowledge and belief.

Signature of Proposed Insured

Date

Signature of Soliciting Agent

Agent's Code

Date