

FINANCIAL STATEMENT

(CONFIDENTIAL)

In continuance of and forming part of application for insurance to the INDIANAPOLIS LIFE INSURANCE COMPANY

Name of Proposed Insured _____

The following financial disclosures are made for the purpose of establishing insurability in connection with pending Life Insurance Application on my life. They are furnished as a true and accurate statement of my financial condition on _____ 20 _____.

Table with 2 columns: ASSETS and LIABILITIES. Rows include Cash in Banks, Notes receivable, Accounts receivable, Cash values Life insurance, Real Estate, Business interest, Stocks and Bonds, Personal property, Other assets, and Total.

My Approximate Income for the Last Three Years was:

Table with 4 columns: Last Year, Year Prior, Two Years Prior. Rows include Earned Income and Investment Income.

Source of Investment Income _____

What is the specific purpose of this coverage? _____

Dated At _____ This _____ Day Of _____ 20 _____

Witnessed By: _____ Agent or Other Witness Signature of Applicant: _____ Write Name in Full