

Military Questionnaire

In continuation of and forming part of application for insurance to the

INDIANAPOLIS LIFE INSURANCE COMPANY

1. (a) Are you on active duty as a member of any state National Guard or as a member, regular or reserve, of the Army, Navy, Air Force, Marine Corps, or Coast Guard of any country? Yes
 No

If "yes", complete the following:

Country _____ Branch of service _____ Rank or Grade _____

Duties _____

Have you been alerted, or do you expect within the next 6 months to be alerted for duty outside the United States and Canada? Yes
 No

if "yes", give details: _____

Are you now, have you ever been, or are you planning to be, a pilot or crew-member of any aircraft? Yes
 No

If "yes", complete aviation questionnaire (Form 678)

- (b) If not on active duty, are you a member of any R.O.T.C., State National Guard, or of any branch or reserve component of the armed forces of any country? _____

If "yes", complete the following:

Active Inactive Standby

R.O.T.C. (Class in school) _____ Other (Specify) _____

Country _____ Branch of service _____ Rank or Grade _____

Have you received training within the past 2 years? Yes (Give Details) No

Have you been alerted or called for active duty? Yes (Give Details) No

Have you requested active duty? Yes (Give Details) No

Details _____

Are you now, have you ever been, or are you planning to be, a pilot or crew-member of any aircraft? _____

If "yes", complete aviation questionnaire (Form 678)

If the answer to 1 (a) or (b) is "yes", question 2 need not be answered.

2. Have you any intention of enlisting in any military organization of any country? Yes

If "yes", give details. _____ No

I hereby represent that all of the above statements and answers to all the above questions are complete and true, and I agree that they shall form a part of my application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____, 20 _____

Witness _____

Signature of Proposed Insured