

Upon becoming ineligible for group insurance, e.g., leaving employment, you may convert your Group Life Insurance coverage to an Individual Whole Life Insurance policy. This can be done regardless of your current health. For information about the amount you may convert or how long you have to convert, see either your certificate or group policy.

To apply:

1. Complete Part 2 of this conversion application. Be sure your Employer has completed Part 1. Premium rates and instructions are shown on the reverse side.
2. Mail the completed application with your check or money order for the first modal premium to the above address.

Part 1: TO BE COMPLETED BY EMPLOYER			Group Number	Reason for Termination <input type="checkbox"/> Termination of employment or membership in eligible class <input type="checkbox"/> Termination of Group Policy and Date Term'd. _____ <input type="checkbox"/> Disability <input type="checkbox"/> Other (Specify) _____
Date Employment Term'd.	Date Coverage Terminated	Last Actual Day of Work	Amount of Group Insurance	
Name of Employer Providing Group Policy		Annual Salary \$	Insurance Class	
Signature of Policyholder's Representative/Title		Telephone Number ()	Date Signed	

Part 2: TO BE COMPLETED BY INSURED Please type or print with ball point pen

I hereby apply to convert my life insurance and affirm the following statements of fact:

NAME IN FULL	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	GROUP POLICY NO.
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RESIDENT ADDRESS

STREET	CITY	STATE	ZIP CODE
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SEX	DATE OF BIRTH	AGE LAST BIRTHDAY	STATE OF BIRTH	LAST DATE OF ACTIVE WORK MO DAY YR	PRESENT OCCUPATION
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AMOUNT OF INSURANCE TO BE CONVERTED	PREMIUM MODE <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> EFT Monthly*	First full modal premium must be submitted with application Premium Enclosed \$ _____	Automatic Premium Loan Provision Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No
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BENEFICIARY DESIGNATION					
FIRST NAME	LAST NAME	ADDRESS	SOCIAL SECURITY NO.	DATE OF BIRTH MO / DAY / YEAR	RELATIONSHIP
Primary					
Secondary					

If more space is needed 1) use extra paper 2) mark above "See Attached" 3) attachment MUST be signed and dated by Policy Owner.

Is the owner to be other than the insured? Yes No

First Name Initial Last Name Relationship

Address of Owner, if other than Insured:

No. & Street City State ZIP Code

The Owner is the person who may exercise all rights in the contract, e.g., assign, surrender, borrow. If no one is named, the Insured shall be the Owner.

I declare that the information on this application is complete and true, to the best of my knowledge and belief. I agree that the Company may deposit the payment submitted with this application prior to approval of this application. If I am not eligible to convert my Group Insurance, the sole obligation of the Company shall be to refund any premiums paid.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals information concerning any fact material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties (not enforceable in Oregon or Virginia).

Signed At _____ on _____
City and State Month Day Year Signature of Applicant

*EFT (Electronic Funds Transfer – Sign on back and attach voided check)

Signature of Owner (Other than Insured)

**PREMIUM CALCULATION WORKSHEET
FOR CONVERSION FROM GROUP LIFE TO INDIVIDUAL WHOLE LIFE POLICY**

Premiums are payable to age 98 or death, whichever occurs first. For information about the amount you are eligible to convert, please refer to the Conversion of Life Insurance provision of your group life insurance certificate or the group policy. Our minimum issue amount is \$2,000.

To calculate your premium, find your present age and the corresponding **table rate per \$1,000** from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then multiply by the premium factor and add the modal policy fee to find your premium payment.

Last Birthday	Table Rate Per Thousand	Last Birthday	Table Rate Per Thousand
20.....	.....6.51	60.....	.....47.79
21.....	.....6.86	61.....	.....50.70
22.....	.....7.09	62.....	.....53.72
23.....	.....7.42	63.....	.....56.86
24.....	.....7.76	64.....	.....60.23
25.....	.....8.10	65.....	.....63.84
26.....	.....8.56	66.....	.....67.67
27.....	.....8.90	67.....	.....71.74
28.....	.....9.22	68.....	.....76.05
29.....	.....9.68	69.....	.....80.47
30.....	.....10.13	70.....	.....85.24
31.....	.....10.58	71.....	.....90.70
32.....	.....11.03	72.....	.....96.55
33.....	.....11.59	73.....	.....102.77
34.....	.....12.14	74.....	.....109.38
35.....	.....12.70	75.....	.....116.41
36.....	.....13.25	76.....	.....123.90
37.....	.....13.92	77.....	.....131.94
38.....	.....14.58	78.....	.....140.61
39.....	.....15.23	79.....	.....150.02
40.....	.....15.89	80.....	.....160.20
41.....	.....16.77	81.....	.....171.21
42.....	.....17.76	82.....	.....183.01
43.....	.....18.73	83.....	.....195.57
44.....	.....19.71	84.....	.....208.90
45.....	.....20.79	85.....	.....223.10
46.....	.....21.97	86.....	.....282.86
47.....	.....23.14	87.....	.....342.62
48.....	.....24.53	88.....	.....402.38
49.....	.....25.90	89.....	.....462.15
50.....	.....27.36	90.....	.....521.91
51.....	.....28.92	91.....	.....581.67
52.....	.....30.56	92.....	.....641.43
53.....	.....32.28	93.....	.....701.19
54.....	.....34.10	94.....	.....760.95
55.....	.....36.10	95.....	.....820.72
56.....	.....38.10	96.....	.....880.48
57.....	.....40.30	97.....	.....940.24
58.....	.....42.68	98.....	.....1,000.00
59.....	.....45.16		

(<input type="checkbox"/>)	Mode Desired	Premium Factor	Modal Policy Fee
(<input checked="" type="checkbox"/>)	Annual	1.000	\$17.00
(<input type="checkbox"/>)	Semi-Annual ....	.520	\$ 9.00
(<input type="checkbox"/>)	Quarterly .....	.265	\$ 5.00
(<input type="checkbox"/>)	EFT Monthly .....	.08583	\$ 0.00

(Sign below & attach voided check)

Enclose the **Modal Premium** amount with your application.

For clarification, contact
FORT DEARBORN LIFE INSURANCE COMPANY
P. O. Box 655403 • Dallas, TX 75265
1-800-538-0379

EFT Authorization: Check one:

Checking **Savings**

Account # _____

I hereby authorize and request Fort Dearborn Life Insurance Company to withdraw funds from my account and transfer those funds in payment for my monthly premium, and to initiate debit entries, if necessary, for any credit entries made in error. This authorization is to remain in full force until I notify Fort Dearborn Life Insurance Company in writing of any changes or cancellation of payment. I understand that to change or cancel any future transactions, such notice must be received not less than ten business days prior to the transaction date.

Signature of Account Holder

(Please attach voided check)

Example

Conversion of \$10,000 Group Life for a 45-year old to \$10,000 Whole Life Plan payable quarterly:

Your Calculations

Table Rate	X	# of Thousands To Be Converted	X	Premium Factor	+	Modal Policy Fee	=	Modal Premium
_____		_____		_____		_____	=	\$ _____
20.79	X	10.000	X	0.265	+	5.00	=	<u>\$60.10</u>