

SERFF Tracking Number: BFLI-126620734 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 46164  
 Company Tracking Number: AR B 20801 PRF AP2010  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Application for Life Insurance  
 Project Name/Number: /

## Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Application for Life Insurance SERFF Tr Num: BFLI-126620734 State: Arkansas  
 TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 46164  
 Closed

Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: AR B 20801 PRF State Status: Approved-Closed  
 Premium - Single Life AP2010  
 Filing Type: Form

Reviewer(s): Linda Bird  
 Disposition Date: 07/12/2010  
 Authors: Jill Jones, Bridgett Williams, Tina Cunningham, Lyn Ezell, Sharon White, Ron Crow  
 Date Submitted: 07/08/2010

Disposition Status: Approved-Closed  
 Implementation Date:

Implementation Date Requested: On Approval  
 State Filing Description:

## General Information

Project Name:  
 Project Number:  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 07/12/2010

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 07/12/2010  
 Created By: Jill Jones  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Tina Cunningham  
 Filing Description:

These applications will be used to underwrite various life insurance products which have been previously approved by your department. Form B 20801 PRF AP2010 will replace form B 1027 PRF AP2008 and form B 20801 STND AP2010 will replace form B 1027 STND AP2008; both were approved 04-28-2008.

SERFF Tracking Number: BFLI-126620734 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 46164  
 Company Tracking Number: AR B 20801 PRF AP2010  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Application for Life Insurance  
 Project Name/Number: /

## Company and Contact

### Filing Contact Information

Tina Cunningham, Compliance Analyst L1 tcunningham@atlam.com  
 4370 Peachtree Road NE 404-266-5723 [Phone]  
 Atlanta, GA 30319 404-926-4092 [FAX]

### Filing Company Information

Bankers Fidelity Life Insurance Company CoCode: 61239 State of Domicile: Georgia  
 4370 Peachtree Rd NE Group Code: 587 Company Type: Life & Health  
 Atlanta, GA 30319 Group Name: 61239 State ID Number:  
 (404) 266-5600 ext. [Phone] FEIN Number: 58-0658963

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: \$25.00 @ 2 = \$50.00  
 Per Company: No

| COMPANY                                 | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Bankers Fidelity Life Insurance Company | \$50.00 | 07/08/2010     | 37824715      |
| Bankers Fidelity Life Insurance Company | \$50.00 | 07/12/2010     | 37894063      |

SERFF Tracking Number: BFLI-126620734 State: Arkansas  
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Application for Life Insurance  
 Project Name/Number: /

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 07/12/2010 | 07/12/2010     |

### Filing Notes

| Subject         | Note Type        | Created By | Created On | Date Submitted |
|-----------------|------------------|------------|------------|----------------|
| Additional Fees | Note To Reviewer | Jill Jones | 07/12/2010 | 07/12/2010     |

*SERFF Tracking Number:* BFLI-126620734      *State:* Arkansas  
*Filing Company:* Bankers Fidelity Life Insurance Company      *State Tracking Number:* 46164  
*Company Tracking Number:* AR B 20801 PRF AP2010  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* Application for Life Insurance  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 07/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BFLI-126620734 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 46164  
 Company Tracking Number: AR B 20801 PRF AP2010  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Application for Life Insurance  
 Project Name/Number: /

| Schedule            | Schedule Item                  | Schedule Item Status | Public Access |
|---------------------|--------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification           |                      | Yes           |
| Supporting Document | Application                    |                      | No            |
| Supporting Document | Life & Annuity - Acturial Memo |                      | No            |
| Supporting Document | Forms Use List                 |                      | Yes           |
| Form                | Application for Life Insurance |                      | Yes           |
| Form                | Application for Life Insurance |                      | Yes           |

*SERFF Tracking Number:* BFLI-126620734 *State:* Arkansas  
*Filing Company:* Bankers Fidelity Life Insurance Company *State Tracking Number:* 46164  
*Company Tracking Number:* AR B 20801 PRF AP2010  
*TOI:* L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
*Product Name:* Application for Life Insurance  
*Project Name/Number:* /

**Note To Reviewer**

**Created By:**

Jill Jones on 07/12/2010 09:34 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

07/12/2010 10:37 AM

**Subject:**

Additional Fees

**Comments:**

Additional fees have been submitted as requested.

SERFF Tracking Number: BFLI-126620734 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 46164  
 Company Tracking Number: AR B 20801 PRF AP2010  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Application for Life Insurance  
 Project Name/Number: /

## Form Schedule

### Lead Form Number: B 20801 PRF AP2010

| Schedule Item Status | Form Number         | Form Type                    | Form Name                      | Action  | Action Specific Data | Readability | Attachment              |
|----------------------|---------------------|------------------------------|--------------------------------|---------|----------------------|-------------|-------------------------|
|                      | B 20801 PRF AP2010  | Application/ Enrollment Form | Application for Life Insurance | Initial |                      | 58.990      | B 20801 PRF AP2010.pdf  |
|                      | B 20801 STND AP2010 | Application/ Enrollment Form | Application for Life Insurance | Initial |                      | 61.030      | B 20801 STND AP2010.pdf |

# BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5146

## APPLICATION FOR LIFE INSURANCE PREFERRED UNDERWRITING CLASS

PLEASE PRINT

|                                       |                         |
|---------------------------------------|-------------------------|
| Agent/Broker Name<br><u>Joe Agent</u> | Agent #<br><u>00001</u> |
|---------------------------------------|-------------------------|

|  |  |   |                                     |                    |  |                  |                  |                 |                 |                    |
|--|--|---|-------------------------------------|--------------------|--|------------------|------------------|-----------------|-----------------|--------------------|
| Proposed Insured<br><u>John D. Doe</u>                                 | Social Security No.<br><u>0000000001</u>   | Sex<br><u>M</u>   | Place (State) of Birth<br><u>GA</u> | Age<br><u>65</u>   | Born   |                  |                  | Height & Weight |                 |                    |
|  |  |   |                                     |                    | Mo.<br><u>06</u>   | Day<br><u>01</u> | Yr.<br><u>45</u> | Ft.<br><u>6</u> | In.<br><u>2</u> | Lbs.<br><u>180</u> |
| Residence Address (Street or Route & Box No.)<br><u>#1 Main Street</u> |  | City<br><u>Atlanta</u>  | County<br><u>Fulton</u>             | State<br><u>GA</u> | Zip Code<br><u>30000-0001</u>  |                  |                  |                 |                 |                    |
| Telephone Number<br><u>(404) 123-4567</u>                              | Best Time to Call: <u>8</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | Proposed Insured E-mail Address:<br><u>john.doe@email.com</u> |                                     |                    | Mail Policy To: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Agent |                  |                  |                 |                 |                    |

PRINT—To whom should premium notices be sent?  Same address as Proposed Insured, or:

Payor name \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Complete Address: \_\_\_\_\_

### SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW

|  |  |   |   |
|--|--|---|---|
| <b>LIFE INSURANCE*</b><br><input checked="" type="checkbox"/> Level Whole Life<br><input type="checkbox"/> Endowment at Age 100<br>Requested Face Amount: \$ _____<br>Automatic Premium Loan: ... <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>*Includes Accelerated Death Benefit Rider and Waiver of Premium Rider.**<br/>                 **Waiver of Premium not available in KS or SC</small> | <b>PREMIUM MODE:</b><br><input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual<br><input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly Bank Draft*<br><input type="checkbox"/> Monthly Credit Card*<br>*Requested Draft Date _____ | <b>PREMIUM CLASS:</b><br><input checked="" type="checkbox"/> Non-Tobacco* <input type="checkbox"/> Tobacco<br><small>*Has not used any tobacco product in the last 3 years.</small> | <b>MODAL PREMIUM COMPUTATION:</b><br>Total Amount Paid ..... \$ <u>xxx.xx</u><br><input type="checkbox"/> Check/money order included.<br><input type="checkbox"/> Charge credit card for initial premium.<br><input type="checkbox"/> Draft initial premium*<br><small>*Initial premium draft <u>xxv.xx</u></small> |
|  | <b>REQUESTED EFFECTIVE DATE:</b><br><u>06-01-2010</u>  | <b>BILLING TYPE:</b><br><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family*<br><small>*Complete Family Billing Form B 0129 FB/LB</small>                |   |

**IF THE ANSWER TO ANY PART OF QUESTION 1 THROUGH 4 IS "YES," COVERAGE IS NOT AVAILABLE.**

- In the past 5 years, has the Proposed Insured had or been medically diagnosed with or treated for:
  - Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)? .....  Yes  No
  - any lipidosis, including Gaucher's or Tay-Sachs or Wolman's? .....  Yes  No
- In the past year, has the Proposed Insured:
  - been confined to a hospital 2 or more times or to a nursing facility, or receiving home health care or assistance with normal activities of daily living, such as dressing, bathing, eating, transferring or toileting? .....  Yes  No
  - been confined to a wheelchair or require the use of a wheelchair or motorized mobility aid due to a medical condition or on the advice of a physician? .....  Yes  No
  - been medically advised to have surgery or treatment or hospital/nursing facility confinement and not done so? .....  Yes  No
  - had any heart or circulatory surgery? .....  Yes  No
- In the last 3 years, has the Proposed Insured had, been medically diagnosed with, or treated for:
  - heart attack, stroke of any kind, congestive heart failure, or amputation due to disease? .....  Yes  No
  - cirrhosis, liver disease, or hepatitis (excluding Type A)? .....  Yes  No
- In the past 5 years, has the Proposed Insured had, been medically diagnosed with, or treated for:
  - emphysema, chronic obstructive pulmonary disease (COPD), chronic bronchitis, or used supplemental oxygen? .....  Yes  No
  - internal cancer, leukemia, malignant melanoma, Hodgkin's disease, kidney/renal failure or insufficiency, chronic kidney disease, or been advised to have or had dialysis? .....  Yes  No
  - Alzheimer's disease, dementia, organic brain syndrome, schizophrenia or delusional or psychotic disorder, alcoholism or drug addiction, or diabetes requiring insulin? .....  Yes  No
  - Parkinson's or Huntington's disease, multiple sclerosis, muscular dystrophy, Lou Gehrig's disease (ALS), systemic lupus, or sickle cell anemia? .....  Yes  No
  - testing or surgery for the transplanting of any organ or tissue (excluding corneal transplants)? .....  Yes  No

5. List all prescription drugs the Proposed Insured is currently taking or has been medically advised to take:  
(If "None," so state; if additional space is needed attach separate page and have Proposed Insured sign and date.)

| Medication | Amount | Condition for Which Prescribed | Currently Taking?   |
|------------|--------|--------------------------------|---|
|            |        | <u>None</u>                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|            |        |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|            |        |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

6. Please provide complete name, address and telephone number of the Proposed Insured's primary care physician:

Physician's name: Dr. Bob Telephone number 123-456-789

Physician's address: #1 Healing Lane, Atlanta, GA 30000

7. Is the Proposed Insured a legal citizen of the United States or its possessions?  Yes  No  
 If "No," is the Proposed Insured a Permanent Resident?  Yes  No If "No," coverage is not available.  
 If "Yes," provide the following information as shown on the Permanent Resident Card:  
 I.N.S. # \_\_\_\_\_ CATEGORY \_\_\_\_\_ RESIDENT SINCE \_\_\_\_\_ CARD EXPIRES \_\_\_\_\_

8. (a) Does the Proposed Insured currently have any life insurance policies or annuities in force or pending?  Yes  No  
 (b) Will any life insurance or annuities be replaced with this policy of level whole life insurance?  Yes  No  
 If "Yes," which company? \_\_\_\_\_ Policy No \_\_\_\_\_

| 9. Name of Primary Beneficiary(ies)   | Relationship | Social Security No. (if known) | Address | Telephone No. |
|---------------------------------------|--------------|--------------------------------|---------|---------------|
| Jane D. Doe                           | Spouse       | 000-00-0001                    | Same    | Same          |
| Name of Contingent Beneficiary(ies)   | Relationship | Social Security No. (if known) | Address | Telephone No. |
| John D. Doe Jr.                       | Son          | 000-00-0002                    | Same    | Same          |
| Name of Payor (if other than Insured) | Relationship | Social Security No. (if known) | Address | Telephone No. |
|                                       |              |                                |         |               |
| Name of Owner (if other than Insured) | Relationship | Social Security No. (if known) | Address | Telephone No. |
|                                       |              |                                |         |               |

10. I, the undersigned Applicant, hereby apply to Bankers Fidelity Life Insurance Company for a policy to be issued solely and entirely in reliance on my written answers to the above questions. I represent that the answers given are, to the best of my knowledge and belief, true. I agree the policy shall not be effective unless it has actually been issued, received by the Owner and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated herein. I have received a "Life Insurance Buyer's Guide."

The undersigned Applicant and/or Proposed Insured and agent state that the Applicant and/or Proposed Insured have read or had read to him the completed application and that the Applicant and/or Proposed Insured realize that any false statement or material misrepresentation in the application may result in loss of coverage under the policy(ies), subject to the "Incontestability" provision of the policy.

**CAUTION:** If the answers on this application are materially incorrect or untrue, Bankers Fidelity Life Insurance Company may have the right to deny benefits or contest your policy, subject to the "Incontestability" provision of the Policy.

**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, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.

Dated at Atlanta, GA, on 06-01-10 X John D. Doe  
(City and State) (Month, Day, Year) Proposed Insured's signature. Please read item 10 before signing.  
 \*The Proposed Insured is the Applicant and Owner unless otherwise indicated.  
 X \_\_\_\_\_ X Joe Agent 00001  
Owner (if other than Proposed Insured) Applicant (if other than Proposed Insured) Agent's signature Agent's number

Is any of this insurance being purchased to replace or change any existing life insurance?  Yes  No

Complete Replacement Notice(s) as required.

I, the undersigned agent, certify that: (1) I have personally interviewed the Proposed Insured; (2) I have accurately recorded the information supplied by the Applicant and/or Proposed Insured; and (3) I have given the Applicant and/or Proposed Insured a "Life Insurance Buyers Guide."

Is the Proposed Insured related to you?  Yes  No If "Yes," explain relationship:  Self  \_\_\_\_\_  
 If "Yes," the co-signature of an independent third party is required.

I certify that I have independently verified the Proposed Insureds identity as required by the USA Patriot Act (PL 107-56) by viewing or through a U.S. Federal or state government-issued photo I.D.:  
 Drivers License  Passport  Government-issued identification card  Other \_\_\_\_\_

Dated at Atlanta, GA, on 06-01-10 X Joe Agent 00001  
(City and State) (Month, Day, Year) Agent's signature Agent's number  
 X \_\_\_\_\_  
Co-signature (if required)

WRITING AGENT COMPLETE

# BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5146

## APPLICATION FOR LIFE INSURANCE STANDARD UNDERWRITING CLASS

PLEASE PRINT

|                                       |                         |
|---------------------------------------|-------------------------|
| Agent/Broker Name<br><i>Joe Agent</i> | Agent #<br><i>00001</i> |
|---------------------------------------|-------------------------|

|  |   |   |   |                          |   |  |   |  |  |  |
|--|---|---|---|--------------------------|---|--|---|--|--|--|
| Proposed Insured<br><i>John D. Doe</i>                                 | Social Security No.<br><i>000000001</i> | Sex<br><i>M</i>   | Place (State) of Birth<br><i>GA</i>                           | Age<br><i>65</i>         | Born<br>Mo. <i>06</i> Day <i>01</i> Yr. <i>45</i> |  |   | Height & Weight<br>Ft. <i>6</i> In. <i>2</i> Lbs. <i>180</i> |  |  |
| Residence Address (Street or Route & Box No.)<br><i>#1 Main Street</i> | City<br><i>Atlanta</i>                  | County<br><i>Fulton</i>   | State<br><i>GA</i>  | Zip Code<br><i>30000</i> |   |  |   |  |  |  |
| Telephone Number<br><i>(123) 456-7890</i>                              | Best Time to Call: <i>8</i>             | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | Proposed Insured E-mail Address:<br><i>john.doe@email.com</i> |                          |   |  | Mail Policy To: <input checked="" type="checkbox"/> Insured<br><input type="checkbox"/> Agent |  |  |  |

PRINT—To whom should premium notices be sent?  Same address as Proposed Insured, or:  
 Payor name \_\_\_\_\_ Phone number ( ) \_\_\_\_\_  
 Complete Address: \_\_\_\_\_

### SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW

|  |   |  |  |
|--|---|--|--|
| <b>LIFE INSURANCE:</b><br><input checked="" type="checkbox"/> Level Whole Life* <input type="checkbox"/> Modified Whole Life**<br>Requested Face Amount: \$ _____<br>Automatic Premium Loan: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>*Includes Accelerated Death Benefit Rider and Waiver of Premium Rider.†</small><br><small>**Not available in AR, KS, MD, MO, NC, ND, WA, WV or WI.</small><br><small>† Waiver of Premium not available in KS or SC</small> | <b>PREMIUM MODE:</b><br><input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual<br><input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly Bank Draft*<br><input type="checkbox"/> Monthly Credit Card*<br>*Requested Draft Date _____<br><b>REQUESTED EFFECTIVE DATE:</b><br><i>06-01-2010</i> | <b>PREMIUM CLASS:</b><br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Family*<br><small>*Complete Family Billing Form B 0129 FB/LB</small> | <b>MODAL PREMIUM COMPUTATION:</b><br>Total Amount Paid ..... \$ <del>XXXXXX</del><br><input type="checkbox"/> Check/money order included.<br><input type="checkbox"/> Charge credit card for initial premium.<br><input type="checkbox"/> Draft initial premium*<br>*Initial premium draft <del>XXXXXX</del> |
|--|---|--|--|

**IF THE ANSWER TO ANY PART OF QUESTION 1 OR 2 IS "YES," COVERAGE IS NOT AVAILABLE.**

- In the last 5 years, has the Proposed Insured had or been medically diagnosed with or treated for:
  - Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? .....  Yes  No
  - any lipidosis, including Gaucher's or Tay-Sachs or Wolman's? .....  Yes  No
- In the past year, has the Proposed Insured:
  - been confined to a hospital 3 or more times or to a nursing facility or receiving home health care or assistance with normal activities of daily living, such as dressing, bathing, eating, transferring, or toileting? .....  Yes  No
  - been confined to a wheelchair or require the use of a wheelchair or motorized mobility aid due to a medical condition or on the advice of a physician? .....  Yes  No
  - been medically advised to have surgery or treatment or hospital/nursing facility confinement and not done so? .....  Yes  No
  - had any heart or circulatory surgery? .....  Yes  No

**IF THE ANSWER TO ANY PART OF QUESTION 3 IS "YES," LEVEL WHOLE LIFE IS NOT AVAILABLE. ONLY THE MODIFIED WHOLE LIFE\* MAY BE AVAILABLE.** \*Not available in AR, KS, MD, MO, NC, ND, WA, WV or WI.

- In the last 3 years, has the Proposed Insured had, been medically diagnosed with, or treated for:
  - heart attack, stroke (excluding transient ischemic attack (TIA) or mini stroke), congestive heart failure, or amputation due to disease? .....  Yes  No
  - emphysema, chronic obstructive pulmonary disease (COPD), chronic bronchitis, or used supplemental oxygen? .....  Yes  No
  - cirrhosis, liver disease, hepatitis (excluding Type A), kidney/renal failure or insufficiency, chronic kidney disease, or been advised to have or had dialysis? .....  Yes  No
  - internal cancer, leukemia, malignant melanoma, or Hodgkin's disease? .....  Yes  No
  - Alzheimer's disease, dementia, organic brain syndrome, schizophrenia or delusional or psychotic disorder, alcoholism or drug addiction? .....  Yes  No
  - Parkinson's or Huntington's disease, multiple sclerosis, muscular dystrophy, Lou Gehrig's disease (ALS), systemic lupus, or sickle cell anemia? .....  Yes  No
  - diabetic coma, insulin shock or are you taking 70 or more units of insulin daily? .....  Yes  No
  - testing or surgery for the transplanting of any organ or tissue (excluding corneal transplants)? .....  Yes  No
- List all prescription drugs the Proposed Insured is currently taking or has been medically advised to take:  
(If "None," so state; if additional space is needed attach separate page and have Proposed Insured sign and date.)

| Medication | Amount | Condition for Which Prescribed | Currently Taking?   |
|------------|--------|--------------------------------|---|
|            |        | <i>None</i>                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|            |        |                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|            |        |                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

5. Please provide complete name, address and telephone number of the Proposed Insured's primary care physician:

Physician's name: *Dr. Bob* Telephone number \_\_\_\_\_  
 Physician's address: *#1 Healing Lane, Atlanta, GA 30000*

(Application continued on reverse side)

6. Is the Proposed Insured a legal citizen of the United States or its possessions? .....  Yes  No  
 If "No," is the Proposed Insured a Permanent Resident?  Yes  No If "No," coverage is not available.  
 If "Yes," provide the following information as shown on the Permanent Resident Card:

I.N.S. # \_\_\_\_\_ CATEGORY \_\_\_\_\_ RESIDENT SINCE \_\_\_\_\_ CARD EXPIRES \_\_\_\_\_

7. (a) Does the Proposed Insured currently have any life insurance policies or annuities in force or pending?.....  Yes  No  
 (b) Will any life insurance or annuities be replaced with this policy of level whole life insurance? .....  Yes  No  
 If "Yes," which company? \_\_\_\_\_ Policy No \_\_\_\_\_

| 8. Name of Primary Beneficiary(ies)   | Relationship | Social Security No. (If known) | Address | Telephone No. |
|---------------------------------------|--------------|--------------------------------|---------|---------------|
| Jane D. Doe                           | Spouse       | 000-00-0001                    | Same    | Same          |
| Name of Contingent Beneficiary(ies)   | Relationship | Social Security No. (If known) | Address | Telephone No. |
| John D. Doe, Jr.                      | Son          | 000-00-0002                    | Same    | Same          |
| Name of Payor (If other than Insured) | Relationship | Social Security No. (If known) | Address | Telephone No. |
| Name of Owner (If other than Insured) | Relationship | Social Security No. (If known) | Address | Telephone No. |

9. I, the undersigned Applicant, hereby apply to Bankers Fidelity Life Insurance Company for a policy to be issued solely and entirely in reliance on my written answers to the above questions. I represent that the answers given are, to the best of my knowledge and belief, true. I agree the policy shall not be effective unless it has actually been issued, received by the Owner and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated herein. I have received a "Life Insurance Buyer's Guide."

The undersigned Applicant and/or Proposed Insured and agent state that the Applicant and/or Proposed Insured have read or had read to him the completed application and that the Applicant and/or Proposed Insured realize that any false statement or material misrepresentation in the application may result in loss of coverage under the policy(ies), subject to the "Incontestability" provision of the policy.

**CAUTION:** If the answers on this application are materially incorrect or untrue, Bankers Fidelity Life Insurance Company may have the right to deny benefits or contest your policy, subject to the "Incontestability" provision of the Policy.

**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, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.

Dated at Atlanta, GA, on 06-01-10 X John D. Doe  
 (City and State) (Month, Day, Year) Proposed Insured's signature. Please read item 9 before signing.

X \_\_\_\_\_ X \_\_\_\_\_ X Joe Agent 00001  
 Owner-Life only (if other than Proposed Insured) Applicant (if other than Proposed Insured) Agent's signature Agent's number

Is any of this insurance being purchased to replace or change any existing life insurance?.....  Yes  No

Complete Replacement Notice(s) as required.

I, the undersigned agent, certify that: (1) I have personally interviewed the Proposed Insured; (2) I have accurately recorded the information supplied by the Applicant and/or Proposed Insured; and (3) I have given the Applicant and/or Proposed Insured a "Life Insurance Buyers Guide:"

Is the Proposed Insured related to you?  Yes  No If "Yes," explain relationship:  Self  \_\_\_\_\_  
 If "Yes," the co-signature of an independent third party is required.

I certify that I have independently verified the Proposed Insureds identity as required by the USA Patriot Act (PL 107-56) by viewing or through a U.S. Federal or state government-issued photo I.D.:

Drivers License  Passport  Government-issued identification card  Other \_\_\_\_\_

Dated at Atlanta, GA, on 06-01-10 X Joe Agent 00001  
 City and State Month, Day, Year Agent's signature Agent's number

X \_\_\_\_\_  
 Co-signature (if required)

WRITING AGENT COMPLETE

SERFF Tracking Number: BFLI-126620734 State: Arkansas  
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 46164  
Company Tracking Number: AR B 20801 PRF AP2010  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Application for Life Insurance  
Project Name/Number: /

## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification  
**Comments:**  
**Attachment:**  
B 20801 PRF AP2010 Flesch Cert. 070710.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Forms Use List  
**Comments:**  
**Attachment:**  
AR B 20801 PRF AP2010 Forms Use List.pdf

BANKERS FIDELITY LIFE INSURANCE COMPANY  
Atlanta, Georgia

FLESCH SCORE CERTIFICATION

I hereby certify that the Flesch reading ease score of the above forms is as shown.

B 20801 PRF AP2010 - Application

Words: 380  
Sentences: 20  
Syllables: 623  
Score: 58.99

B 20801 STND AP2010 - Application

Words: 466  
Sentences: 19  
Syllables: 666  
Score: 61.03



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Sharon A. White  
Vice President; Legal/Compliance

July 7, 2010

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Date

**Application Forms: B 20801 PRF AP2010 and B 20801 STND AP2010**  
**POLICY FORMS UNDERWRITTEN**  
**Arkansas**

The following policy forms and riders may be solicited:

| <b><u>Form Number</u></b> | <b><u>Description / Title</u></b>        | <b><u>Approved by State</u></b> |
|---------------------------|--|---------------------------------|
| B 20604                   | Endowment at Age 100                     | 07-10-2006                      |
| B 20801                   | Level Whole Life Insurance               | 10-06-2008                      |
| B 20802                   | Graded Face Amount – Modified Whole Life | 12-02-2008                      |
| B 20803                   | Level Whole Life Insurance               | 10-21-2008                      |
| BFL-ADB                   | Accidental Death Benefit Rider           | 01-18-1988                      |
| BFL-WPD                   | Waiver of Premium for Disability Rider   | 01-18-1988                      |
| B 0108 WP NHC             | Waiver of Premium for Nursing Home Conf. | 07-01-1997                      |
| B 0109 TI ADB 50          | Accelerated Death Benefit Rider          | 07-22-1997                      |