



Premier Choice

.....*Features*.....

- **Permanent Whole Life Insurance**
- **Premiums guaranteed, fixed and level for life**
- **Guaranteed Death Benefits**
- **Guaranteed Cash Value**
- **Issue ages 50 – 85**
- **Issue sizes \$5,000 - \$50,000**

*P.O. Box 1486 * Fort Worth, TX 76101-1486 * 817-451-9550 *800-772-7557*

National Farm Life Insurance Company

PREMIER CHOICE

Features and Benefits	Level	Graded
Issue Ages	Ages 50 to 85	Ages 50 to 85
Policy Amounts	\$5,000 to \$50,000	\$5,000 to \$50,000
Affordable level premiums guaranteed for life	Yes	Yes
Cash values available for loans or other emergencies	Yes	Yes
100% of the policy amount payable from day 1	Yes	Year 1 – 110% of premiums paid Year 2 – 50% of policy amount Year 3 – 100% of policy amount

CONSUMER REPORT – Federal law requires that notice of investigation be given to persons applying for insurance. In making this application for insurance to National Farm Life Insurance Company, it is understood that an investigative consumer report may be prepared whereby information is obtained from motor vehicle reports and prescription drug history. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

CONDITIONAL COVERAGE RECEIPT. Void if altered or modified, or if check or draft given in payment is not honored.

Received from _____ Date _____ the sum of \$ _____
in connection with an application for life insurance on the life of:

THE CONDITIONS under which insurance will become effective prior to policy delivery are as follows:

- The amount of payment taken with the application must at least be the first full premium according to the mode of premium payment selected.
- The check or draft must be negotiable on the date of this application and honored on first presentation of payment.
- The proposed insured must be, on the date the application is signed a risk acceptable to National Farm Life Insurance Company under its rules, standards, and practices.

IF ONE OR MORE OF THE CONDITIONS ABOVE IS NOT MET, LIABILITY OF THE COMPANY SHALL BE LIMITED TO THE RETURN OF THE PREMIUM PAID.

DATE: _____ AGENT: _____

Valid only if signed by an Authorized Company Representative

National Farm Life Insurance Company P.O. Box 1486 Fort Worth TX 76101

National Farm Life Insurance Company

I acknowledge receipt of the Notice Regarding Consumer Reports and Notice of Disclosure of Information. No agent is authorized to extend, waive or change any terms, conditions or provisions of this policy. Any person who knowingly presents a false or fraudulent claim for payment for a loss or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. To the best of your knowledge and belief, all of the statements and answers on this application are true, complete, and correctly stated. These statements and answers are offered to us as the basis for any policy issued.

Under Penalties of perjury, I certify that:

- 1) The number shown herein is my correct taxpayer identification number.
- 2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding

You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Signed at _____ Date Signed _____

City and State

Proposed Insured's Signature _____

Owner's signature (if other than Proposed Insured) _____

A. Will this insurance replace any other insurance or annuity? ___Yes ___No

B. Is there other insurance on life of the proposed insured? ___Yes ___No

C. Would the proposed insured accept a graded death benefit? ___Yes ___No

AGENT STATEMENT – I certify that I have correctly recorded here the information furnished by the Owner and/or Insured.

DATE: _____

Signature of Agent:

Agent #

Split:

National Farm Life Bank Draft Plan

Authorization to Honor Drafts Drawn by National Farm Life Insurance Company

Date _____

To the (name of bank): _____

Bank Account No. _____ Routing/Transit No. _____

By signing this form, I authorize National Farm Life Insurance Company to make automatic withdrawals of funds from the account listed above. Once effective, funds will be drafted on the day selected below (or, if this day is not a business day, the first business day thereafter). This authorization will remain in effect until the Company receives notice to terminate or revise it. The Company and the financial institution reserve the right to terminate this service at any time.

Requested Day of Month to Draft (1-28) _____ Check one: Checking ___ or Savings ___

YOUR CHECK SIGNATURE _____

NATIONAL FARM LIFE INSURANCE COMPANY

AUTHORIZATION REQUIRED BY HIPAA TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION

I hereby authorize any: physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, insurance support organization, business partner, pharmacy, Pharmacy Benefit Manager, government agency, group policy holder, employer, benefit plan administrator, the M.I.B., Inc. (M.I.B.ö), the Department of Motor Vehicle Registration, and paramedical facility to provide to NATIONAL FARM LIFE INSURANCE COMPANY, or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on NATIONAL FARM LIFE INSURANCE COMPANY's or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to me and/or any other applicant for coverage, including information relating to medical history, medical conditions, treatment, hospitalizations or confinements, ailments, and/or drug, alcohol or tobacco usage of the applicant(s). It is understood that NATIONAL FARM LIFE INSURANCE COMPANY underwriters, claim examiners, reinsurers, attorneys, or the medical director may disclose such health information to the aforementioned parties for purposes of underwriting, compliance, record clarification or explanation, or in response to litigation, summons, or subpoenas. I understand that after this information is disclosed, the recipient may redisclose it resulting in loss of protection by federal regulations.

I understand that:

- (1) such information will be used by NATIONAL FARM LIFE INSURANCE COMPANY for underwriting and insurability determinations;
- (2) I may refuse to sign this authorization and that my refusal to sign will affect my ability to obtain life insurance coverage;
- (3) a picture copy or photocopy of this authorization shall be as valid as the original; and
- (4) any authorized representative of the proposed insured is entitled to receive a copy of this authorization upon request.

I also authorize NATIONAL FARM LIFE INSURANCE COMPANY, or its reinsurers, to make a brief report of my health or other relevant personal history to MIB.

This authorization is valid from the date signed for a duration of 24 months. I understand I may revoke the authorization, except to the extent that action has been taken in reliance on this authorization, by sending written notice to the Underwriting Department of NATIONAL FARM LIFE INSURANCE COMPANY, P.O. Box 1486, Fort Worth, Texas 76101.

Print Name of Proposed Insured

Date

Signature of Proposed Insured or
personal/legal representative (Representative
to sign only if proposed insured is
legally incompetent)

Relationship to Proposed Insured
(Parent, Legal Guardian, Attorney-in-Fact)

National Farm Life Insurance Company

Annual Premiums per \$1,000 – Annual Policy Fee: \$40

Premium factors: Semi-Annual .5200

Quarterly: .2650

Monthly Bank Draft .0858

Level

Graded

Issue Age	Male	Male Smoker	Female	Female Smoker
50	32.40	41.40	25.69	31.72
51	34.07	43.39	26.82	33.03
52	35.82	45.47	27.98	34.38
53	37.68	47.66	29.20	35.77
54	39.62	49.95	30.48	37.24
55	41.66	52.33	31.81	38.74
56	43.89	54.93	33.25	40.37
57	46.23	57.65	34.77	42.07
58	48.73	60.53	36.35	43.83
59	51.36	63.55	38.01	45.67
60	54.14	66.74	39.75	47.58
61	56.91	69.75	41.46	49.39
62	59.77	72.82	43.24	51.26
63	62.75	75.99	45.09	53.17
64	65.85	79.22	47.04	55.16
65	69.07	82.54	49.07	57.21
66	73.57	87.46	51.84	60.24
67	78.38	92.69	54.76	63.42
68	83.58	98.30	57.86	66.77
69	89.20	104.34	61.16	70.31
70	95.28	110.82	64.66	74.05
71	102.41	118.53	68.61	78.23
72	110.02	126.74	72.87	82.71
73	118.13	135.48	77.41	87.49
74	126.83	144.85	82.31	92.62
75	136.16	154.88	87.59	98.13
76	147.53	167.02	93.67	104.49
77	159.92	180.20	100.17	111.27
78	173.39	194.47	107.20	118.53
79	187.98	209.87	114.77	126.31
80	203.75	226.41	122.90	134.60
81	222.91	246.35	132.46	143.86
82	243.83	268.03	142.67	153.64
83	266.65	291.58	153.66	164.04
84	291.44	317.06	165.44	175.05
85	318.19	344.43	178.13	186.77

Issue Age	Male	Male Smoker	Female	Female Smoker
50	38.49	51.44	29.88	38.12
51	40.67	54.17	31.32	39.86
52	42.99	57.05	32.82	41.67
53	45.46	60.10	34.39	43.55
54	48.07	63.30	36.06	45.55
55	50.82	66.67	37.79	47.62
56	53.81	70.35	39.67	49.82
57	56.97	74.21	41.63	52.12
58	60.37	78.34	43.71	54.54
59	63.97	82.70	45.90	57.07
60	67.82	87.34	48.20	59.72
61	71.47	91.35	50.38	62.11
62	75.27	95.45	52.66	64.60
63	79.25	99.69	55.05	67.16
64	83.40	104.02	57.57	69.84
65	87.75	108.48	60.21	72.61
66	93.77	115.18	63.86	76.69
67	100.24	122.33	67.74	81.00
68	107.25	130.02	71.87	85.56
69	114.86	138.31	76.30	90.41
70	123.11	147.25	81.03	95.56
71	133.15	158.40	86.34	101.30
72	143.89	170.29	92.06	107.48
73	155.36	182.99	98.20	114.08
74	167.68	196.60	104.83	121.20
75	180.92	211.22	111.99	128.85
76	197.76	229.70	120.33	137.73
77	216.24	249.92	129.32	147.23
78	236.46	271.95	139.08	157.48
79	258.52	295.90	149.67	168.53
80	282.52	321.85	161.11	180.37
81	310.93	351.96	173.96	192.70
82	342.07	384.81	187.72	205.71
83	376.16	420.64	202.55	219.53
84	413.35	459.55	218.49	234.16
85	453.64	501.52	235.70	249.71