

Mark all boxes and complete all sections that apply. Return completed form to AG Financial Insurance Solutions, PO Box 10263, Springfield, MO 65808-0263.

APPLICANT	Your Name (Last, First, Middle)		Group Name General Council of the Assemblies of God (Class 3)		Group Number(s) 646524 A	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.		Date of Birth	Gender		
	Phone Number	Credential #	Job Title/Occupation			
LIFE	Check with AG Financial Insurance Solutions about coverage options available to you and Evidence Of Insurability requirements. Voluntary Life <input type="checkbox"/> Voluntary Life (In increments of \$10,000 to \$500,000) Your requested amount \$ _____					
	Dependents Life Insurance Missionary and ministers must be insured under Voluntary Life in order to elect Dependent coverage and not exceed 100 percent of your Voluntary Life coverage.					
	<input type="checkbox"/> Spouse requested amount (In increments of \$5,000 to \$250,000) \$ _____ Spouse Name _____ Date of Birth _____					
	Child(ren) requested amount You may choose one of the following options for your eligible child(ren): <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000					
BENEFICIARY	This designation applies to Life Insurance available through AG Financial Insurance Solutions, if any. Designations are not valid unless signed, dated, and delivered to AG Financial Insurance Solutions during your lifetime. See page 2 for further information.					
	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
CHANGE	Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.					
	<input type="checkbox"/> Add Dependent Spouse <input type="checkbox"/> Delete Dependent Spouse		<input type="checkbox"/> Name Change		<input type="checkbox"/> Beneficiary Change	
	<input type="checkbox"/> Add Dependent Child <input type="checkbox"/> Delete Dependent Child		Date of add/delete _____		Former name _____ <input type="checkbox"/> Other _____	
SIGNATURE	I wish to make the choices indicated on this form. If electing coverage, I agree to pay the cost of insurance. I understand that my cost will change if my coverage changes.					
	Member Signature Required				Date (Mo/Day/Yr)	
AG Financial Insurance Solutions - Complete this section. Retain form for your records.						
Billing Cat.	Date of Hire/Rehire		Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr			

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.



ELECTRONIC FUNDS TRANSFER FORM

Payment Exchange Authorization
Agreement for Automatic Debits (ACH Debits)



Participant Information

Print Participant Name	Date of Birth	SSN	
Participant Address	City	State	Zip
Phone	E-mail		
Policy Number(s)	Ministers Credential Number		

Banking Information

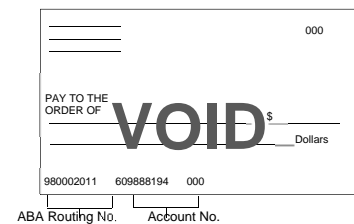
Name(s) As They Appear On Your Bank Account	<input type="checkbox"/>	<input type="checkbox"/>
	Checking	Savings
Bank Account Number	Bank ABA Routing Number (Located in bottom left corner of check.)	
Bank Name	Bank Telephone Number	
Bank Address	City	State Zip

Authorization Agreement for Automatic Credits

This will authorize AG Financial Insurance Solutions, LLC. and/or it's third party administrator to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the bank account indicated below for payments due to AG Financial Insurance Solutions. This authorization is to remain in force until AG Financial Insurance Solutions has received written notice of its termination in such time and in such manner as to afford the third party administrator and your bank a reasonable opportunity to act on it.

This will authorize the bank indicated on the enclosed check for checking accounts or savings deposit ticket for savings accounts, and as listed below, to debit and/or credit the same to the policy(ies).

Participant Signature	Date
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Attach voided check here.