

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 | | Group Number(s) 646527 A 646527 B | |
| | Your Address | | City | | State | ZIP |
| | Your Email Address | | | | | |
| | Your Soc. Sec. No. | | Date of Birth | | Gender | |
| | Phone Number | | Credential # | | Job Title/Occupation | |

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|------|---|--|--|--|--|--|
| LIFE | <p><i>Check with AG Financial Insurance Solutions about coverage options available to you and Evidence Of Insurability requirements.</i></p> <p>Voluntary Life</p> <p><input type="checkbox"/> Member Life Insurance <i>You may request an amount in increments of \$10,000 up to \$500,000.</i></p> <p>Requested amount: _____</p> <p>Dependents Life Insurance <i>You must be insured under the Voluntary Life coverage in order to elect Dependents Life coverage.</i></p> <p><input type="checkbox"/> Spouse Life Insurance <i>You may request an amount in increments of \$5,000 up to \$250,000, not to exceed 100 percent of your Voluntary Life coverage.</i></p> <p>Requested amount: _____</p> <p>Spouse Name _____ Date of Birth _____</p> <p><input type="checkbox"/> Child(ren) Life Requested amount: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000</p> | | | | | |
|------|---|--|--|--|--|--|

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|-------------|---|--|---------|--|---------------|---------------------------|
| BENEFICIARY | <p><i>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.</i></p> | | | | | |
| | Primary - Full Name | | Address | | Soc. Sec. No. | Relationship % of Benefit |
| | | | | | | |
| | Contingent - Full Name | | Address | | Soc. Sec. No. | Relationship % of Benefit |
| | | | | | | |

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| CHANGE | <p><i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i></p> <p><input type="checkbox"/> Add Dependent Spouse <input type="checkbox"/> Delete Dependent Spouse <input type="checkbox"/> Name Change <input type="checkbox"/> Beneficiary Change</p> <p><input type="checkbox"/> Add Dependent Child <input type="checkbox"/> Delete Dependent Child</p> <p>Date of add/delete _____ Former name _____ <input type="checkbox"/> Other _____</p> | | | | | |
|--------|---|--|--|--|--|--|

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| SIGNATURE | <p>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.</p> | | | | | |
| | Member/Employee 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.