



Banner Life Insurance Company
 3275 Bennett Creek Avenue
 Frederick, Maryland 21704
 (800) 638-8428
www.LGAmerica.com

**INDIVIDUAL LIFE TEMPORARY INSURANCE
 APPLICATION AND AGREEMENT (TIAA)**

Name of Proposed Insured _____ Date of Birth _____

Notice to Proposed Insured and Owner. Payment of the Amount Remitted may only be made at the same time that both the Application - Part 1 and this TIAA are completed. If the Insurer does not respond to you within 90 days, notify the Insurer at the above address. **Make the Amount Remitted payable to Banner Life Insurance Company. Do not make it payable to the licensed insurance agent or leave the payee blank. We do not accept cash or cash equivalents (money orders, cashiers checks) or "starter" checks.**

TEMPORARY INSURANCE APPLICATION (Answer all questions.)

Insurer The Insurer is Banner Life Insurance Company.

Temporary insurance cannot begin and you should make no payment if any question below is answered "Yes" or left blank.

	Yes	No
1. Is the Proposed Insured more than 70 years old (age nearest birthday) on the date of this TIAA?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the total amount of insurance on the Proposed Insured's life inforce and/or pending with Banner Life Insurance Company exceed \$1,000,000?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 90 days, has the Proposed Insured been admitted, or medically advised by a member of the medical profession to be admitted, to a hospital or other licensed health care facility, or had surgery performed or recommended by a member of the medical profession, or been medically advised to have any medical test (excluding an HIV-related test) that was not completed?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 5 years, has the Proposed Insured been investigated, diagnosed, treated for, or been advised to be investigated or treated by a member of the medical profession for: heart disease; any disorder of the nervous system and brain including stroke or cognitive impairment; cancer; lung, kidney or liver disease; suicide attempt or ideation; alcohol or drug dependence or abuse; or diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last 30 days, have you been diagnosed with, been treated for, or sought testing or consultation, or do you intend to seek testing or consultation with a member of the medical profession for Coronavirus including COVID-19, or for fever, or cough, or shortness of breath?.....	<input type="checkbox"/>	<input type="checkbox"/>

THIS AGREEMENT PROVIDES A LIMITED AMOUNT OF LIFE INSURANCE COVERAGE FOR A LIMITED AMOUNT OF TIME, SUBJECT TO THE TERMS AND CONDITIONS SET FORTH BELOW.

TEMPORARY INSURANCE AGREEMENT

Agreement. Subject to the terms of the policy applied for and this TIAA, the Insurer agrees to pay the Limited Amount to the beneficiaries listed in the Application - Part 1 upon receipt of due proof that the Proposed Insured died, except due to suicide, and provided all eligibility requirements and conditions for coverage under this Agreement have been met. The consideration for temporary insurance is the Temporary Insurance Application and payment of an amount equal to the first modal premium for the plan applied for or completion of the payment options form.

Limited Amount. The Limited Amount is the lesser of: (1) the amount of insurance applied for in the Application or (2) \$1,000,000 minus the amount of insurance on the Proposed Insured's life with the Insurer under any other inforce policies or applications for insurance now pending or other temporary insurance agreements.

Start Date. Temporary insurance equal to the Limited Amount will begin on the Start Date subject to the terms of this TIAA. The Start Date is the Date of this TIAA.

Name of Proposed Insured _____ Date of Birth _____

**INDIVIDUAL LIFE TEMPORARY INSURANCE
APPLICATION AND AGREEMENT (TIAA) (Continued)**

Stop Date - 90 Day Maximum. Temporary insurance automatically ends on the Stop Date and the entire amount remitted will be returned without interest to or for the benefit of the Owner. The Stop Date is the **earliest** of the following: (1) the date the Owner withdraws the application for insurance or refuses to accept any policy issued or offered; (2) 45 days after the Start Date if the Insurer has not received a properly completed Application - Part 2, associated underwriting questions and all medical examinations, tests, x-rays and electrocardiograms required by the Insurer as set forth in its published guidelines; (3) the date the Insurer mails or otherwise provides notice to the Owner or their agent that it was unable to approve the requested coverage at a Standard or better underwriting classification which does not include a Table Rating, Flat Extra charge; (4) the date the Insurer mails or otherwise provides notice to the Owner or their representative that it has declined or canceled the application; (5) the date the Insurer mails or otherwise provides a premium refund to the Owner or their representative; (6) 90 days after the Start Date, or (7) the date the policy is delivered to the Owner and delivery requirements have been completed.

Policy Date. The Policy Date of any policy issued will be the Issue Date unless the policy is backdated at the Owner's request. The Amount Remitted will be applied to the first modal premium(s) for the policy. Upon policy delivery, and the completion of any delivery requirements, the policy will replace this TIAA.

Other Limitations. The Insurer's liability will be limited to a return of the Amount Remitted if: (1) any part of the life insurance application (Part 1, Part 2 or any supplements thereto) or this TIAA contains a misrepresentation material to the Insurer; or (2) the Proposed Insured dies by suicide.

I represent that: (1) I have read and received a copy of this TIAA and agree to all of its terms and conditions; (2) I understand and agree that temporary insurance will not begin if any question in this TIAA is answered Yes or left blank and any collection of premium will not activate coverage under this agreement; (3) I understand and agree that submission of an NSF check or a credit card, debit card, or Electronic Funds Transfer account number on which the Insurer is unable to draft sufficient funds will not constitute remittance of premium and will not activate or maintain coverage under this agreement; (4) the answers given in this TIAA are true and correct, and I understand that, if they are false, temporary insurance may be denied or declined; (5) I understand that completing this TIAA does not guarantee that the Insurer will issue a policy on the Proposed Insured's life; and (6) I understand that the licensed insurance agent is not authorized to change or waive the terms of this TIAA or to collect premium if the Proposed Insured is ineligible for coverage under this Agreement.

Signature of Proposed Insured	Date of this TIAA	Signature of Owner (if other than Proposed Insured)
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LICENSED INSURANCE AGENT'S STATEMENT

Amount Remitted/Authorized \$ _____ Person Authorizing _____

On the Date of this TIAA, I received the Amount Remitted/Authorized in exchange for this TIAA. The TIAA bears the same date as the Application - Part 1. I agree that I am not authorized to change or waive the terms of this TIAA and represent that I have not attempted to do so. I have read and explained the terms of this TIAA to the Proposed Insured and Owner. I have left a copy with the Owner.

Signature of Licensed Insurance Agent	Licensed Insurance Agent Number
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