Part 1

Globe Life And Accident Insurance Company

Request for Policy Change
Globe Life And Accident Insurance Company

Policy Number	Print first, middle, and last names of Primary Insured	**Requested Effective Date of Change**

Application is hereby made to change the above numbered policy as indicated below. The policy is attached for such change. ☐ Yes ☐ No

TERM INSURANCE ONLY

☐ Reduce amount or ☐ Convert coverage at attained age on life of _____

Requested Plan	Requested Amount*	Method of Payment
	$	

If this is a conversion of a term rider, the basic policy is to be ☐ continued, ☐ cancelled, and any cash value paid to me.

If all of the term insurance is not to be converted, the balance is to be ☐ continued, ☐ cancelled.

Any cash value of the converted portion of the term insurance is to be paid to me.

If additional benefits are to be included in the new policy, complete the proper section below.

*If additional insurance is desired, application is hereby made for $_____ of new insurance. If approved, it is to be included with the above term insurance in the new policy. (Complete Part 2.)

Automatic Premium Loan, if available. ☐ Yes ☐ No

PERMANENT INSURANCE ONLY

☐ Reduce amount

Requested Plan	Requested Amount	Method of Payment
	$	

ADDITIONAL BENEFITS

Additional benefit requests below apply to ☐ basic policy, ☐ new policy issued as a result of conversion request made above.

Add	Delete		Add	Delete		
☐	☐	WP	☐	☐	Term Rider:	Plan_____ $_____
☐	☐	OPAI $_____	☐	☐	Child Rider:	$_____
			☐	☐	_____	

Instructions:
1. Complete Part 2 when adding coverage on Primary Insured.
2. Complete Parts 2 and 3 when adding a Child Rider.

OTHER REQUESTS

☐ Remove or reduce extra rating. (Complete Part 2.)

☐ Reinstate and redate. (Complete Part 2 and a regular Reinstatement Application GIRA-9R.)

☐ Special Changes:_____

Corrections and Amendments
(Home Office use only)

The policy changes herein requested shall not be effective until the application is approved, policy delivered, and any necessary payment has been received by the Company. In any new policy issued at the attained age of the Insured on the basis of this application, the effective date referred to in the Incontestability and Suicide provision of the new policy shall be the Date of Issue on the original policy, except as pertains to the increased portion of the new face amount and extra benefits included in the policy for which the effective date shall be the effective date of the new policy.

The acceptance of any policy issued hereon shall constitute ratification of any and all changes in or additions to this application indicated by the Company in the space above entitled "Corrections and Amendments," except that no change in amount, classification, age at issue, plan of insurance or benefits shall be effective unless agreed to in writing.

Dated at _____ Date _____

Witness _____ _____
Agent Signature of Owner

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Part 2

Supplementary Application to Globe Life And Accident Insurance Company

COMPLETE THIS PART IF SO INSTRUCTED IN PART 1

1. Print first, middle and last names of Proposed Insured.

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Sex	Birthdate Mo.	Day	Yr.	Birthplace State	Payor Rank and Service
					Payor SSN

2. a. Current mailing address:
No. and Street_____
City State Zip

b. Permanent address:
No. and Street_____
City State Zip

If any of 3.a.-d. or 3.f.-m. are answered "Yes," give details in Remarks.

3. Has Proposed Insured:

	Yes	No
a. engaged in or any intention of engaging in, hang gliding, racing, scuba diving, or sky diving? (Underline which)	☐	☐
b. other life insurance applications pending?	☐	☐
c. ever had life or health insurance declined, modified or rated?	☐	☐
d. any intention of replacing or changing any life insurance or annuity policy in force in this or any other company?	☐	☐
e. ever been a pilot or crew member of military aircraft, or made any aerial flights, except as a scheduled airline passenger, or are such flights contemplated? If "Yes," complete Aviation Questionnaire (Questions 6, 7 and 8 below).	☐	☐
f. received within the last year or expect to soon receive orders, volunteered or now contemplate volunteering for duty outside the United States or which merits incentive or hazardous duty pay?	☐	☐
g. ever received treatment or joined an organization for alcoholism or drug addiction?	☐	☐
h. in the past five years habitually used or currently use barbiturates, sedatives, tranquilizers, LSD, marijuana, heroin, cocaine or other similar agent or narcotic drug? (Underline which)	☐	☐
i. been receiving any kind of treatment or taking any kind of medicine?	☐	☐
j. used tobacco in any form within the last 12 months? If you have been a tobacco user and quit, when did you quit? (Mo./Yr.)_____	☐	☐
k. ever had high blood pressure, diabetes, epilepsy or seizure disorder, tumor or cancer or disorder of the blood, heart, kidneys, liver, lungs, digestive or nervous system?	☐	☐
l. ever had or been told you had or been treated for any disease or disorder of the immune system?	☐	☐
m. had any illness, injury, or surgery in the last five years? If so, give details and dates:	☐	☐

4. Current height and weight:_____ft., _____in., _____lbs.

5. Remarks

AVIATION QUESTIONNAIRE (must be completed if Question 3.e. was answered "Yes.")

6. Type of license or Rating:_____ Dates of Issue:_____ Last Renewal:_____ Last Flight:_____

7.

Type of Flying ☐ Pilot ☐ Crew Member (Fighters, Bombers, etc.)	Current Aircraft	Hours Flown in Past: Total all flights	Last 12 Mos.	1-2 Yrs. ago	2-3 Yrs. ago	Estimate of Future Hours Next 12 Months

8. Have you ever done or do you contemplate instruction of students, stunt or aerobatic flying, racing, crop dusting, helicopter flying, glider flying, test flying or flying home-built aircraft? (Circle which.) Yes ☐ No ☐
Give details:

I represent that all statements made above are true and complete to the best of my knowledge. I agree that such statements shall be the basis for the policy changes applied for in Part 1.

I acknowledge receiving the Pre-Notice and the "MIB" Disclosure Notice.

Dated at_____ Date_____ _____
Signature of Insured (Parent if Insured under age 16)

Witness_____
Agent

AUTHORIZATION — A photo copy of this authorization shall be as valid as the original.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or organization, institution or person, that has any records or knowledge of me or my health, or my children or their health, to give Globe Life And Accident Insurance Company or its reinsurers any such information. To facilitate the rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, to give such records or knowledge to any agency employed by Globe Life And Accident Insurance Company to collect and transmit such information. I agree this authorization shall be valid for two and one-half years from the date shown below.

_____ _____
Date Signature of Insured (Parent if Insured under age 16)

Part 3

SUPPLEMENTARY APPLICATION FOR CHILD RIDER

9. Persons proposed for insurance	Relationship to Proposed Insured	Birthdate	Height	Weight
a.				
b.				
c.				
d.				
e.				

If any of 10.a.-l. are answered "Yes," give details in Remarks.

10. Has Proposed Insured:	Yes	No
a. engaged in or any intention of engaging in, hang gliding, racing, scuba diving, or sky diving? (Underline which)	☐	☐
b. other life insurance pending?	☐	☐
c. ever had life or health insurance declined, modified or rated?	☐	☐
d. any intention of replacing or changing any life insurance or annuity policy in force in this or any other company?	☐	☐
e. ever been a pilot or crew member of any aircraft, or made any aerial flights, other than as a scheduled airline passenger, or are such flights contemplated?	☐	☐
f. ever received treatment or joined an organization for alcoholism or drug addiction?	☐	☐
g. in the past five years habitually used or currently use barbiturates, sedatives, tranquilizers, LSD, marijuana, heroin, cocaine or other similar agent or narcotic drug? (Underline which)	☐	☐
h. been receiving any kind of treatment or taking any kind of medicine?	☐	☐
i. used tobacco in any form within the last 12 months? If "Yes," indicate whom. If a previous tobacco user and quit, give date quit. (Mo./Yr.)_____	☐	☐
j. ever had high blood pressure, diabetes, epilepsy or seizure disorder, tumor or cancer, or disorder of the blood, heart, kidneys, liver, lungs, digestive or nervous system?	☐	☐
k. ever had or been told they had or been treated for any disease or disorder of the immune system?	☐	☐
l. had any illness, injury, or surgery in the last five years? If so, give details and dates:	☐	☐

11. Insurance in force and pending. (If none, mark "none.")

Name	Company	Face Amount	ADB Amount

12. Remarks

I represent that all statements made above with respect to any persons proposed for insurance are true and complete to the best of my knowledge. Except with respect to any minor child, this application is made with the knowledge and consent of each person proposed for insurance. I acknowledge receiving the Pre-Notice and the "MIB" Disclosure Notice.

Dated at_____ Date_____ _____

Signature of Primary Insured (if applying for Child Rider)

Witness_____ _____

Agent — Signature of Children age 16 or older (if applying for Child Rider)

AUTHORIZATION — A photo copy of this authorization shall be as valid as the original.
I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health, or my children or their health, to give Globe Life And Accident Insurance Company or its reinsurers any such information. To facilitate the rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, to give such records or knowledge to any agency employed by Globe Life And Accident Insurance Company to collect and transmit such information. I agree this authorization shall be valid for two and one-half years from the date shown below.

_____ _____

Date — Signature of Primary Insured (if applying for Child Rider)

GIRA-3 Ed. 1-04 (27)

PRE-NOTICE — detach this notice and leave it with Primary Insured.

In making this application for insurance it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. 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. Your written request should be made to Globe Life And Accident Insurance Company, P.O. Box 8050, McKinney, Texas 75070.

IMPORTANT — SEE OTHER SIDE

"MIB" DISCLOSURE NOTICE — detach this notice and leave it with Primary Insured.

Information regarding insurability will be treated as confidential. Globe Life And Accident Insurance Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

Globe Life And Accident Insurance Company or its reinsurers may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

AGENT'S REPORT

1. Effective month of allotment _____
   Desired policy date _____
   Total premium quoted $ _____
   Amount paid with this application $ _____

2. Have medical exams been arranged? **Yes** ☐ **No** ☐
   If "Yes," when and by what examiner?

3. Is any policy applied for on this application intended to replace any insurance or annuity now in force? If "Yes," comply with applicable Replacement Rule or Regulation. **Yes** ☐ **No** ☐

4. Are you related to any person proposed for insurance? ☐ ☐
   If "Yes," give details.

5. If Proposed Insured is not now on active military duty, furnish primary occupation and employer's name:

If total new insurance applied for on any one family member exceeds $200,000, please complete questions 6, 7, 8 and 9.

6. Telephone Numbers: **Yes** **No**
   Home: (Area) _____ No. _____ During Day ☐ ☐
   Business: (Area) _____ No. _____ Extension No. _____ During Day ☐ ☐

7. Is it satisfactory to contact other adult family members? ☐ Yes ☐ No

8. Most convenient time and place for interview call: ☐ Home ☐ Office Preferred Time: ☐ A.M. ☐ P.M.

9. Driver's License: State _____ Number _____

I hereby certify that I personally solicited this application, and that I have no knowledge of anything which might affect the insurability of any person proposed for insurance which is not fully set forth herein.

Agent's Office (City and State) _____

Agent's Name (Print) _____

Agent's Code No. _____

Agent's Signature _____