

	Prop. Ins.		Spouse		Children	
	Yes	No	Yes	No	Yes	No
1.						
2.						

Print Name of Proposed Insured(s): _____

(1)	future premiums be borrowed, loaned or otherwise financed?	Yes	No
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1) There is any intention

Continued.....

REGARDING ALL PERSONS PROPOSED FOR INSURANCE:

Give full details in "Remarks" for any YES answers.

Prop Ins 1 Prop Ins 2

Yes No Yes No

ADDITIONAL REMARKS:

I (We) understand and agree as follows:

1.

enter into any premium financing arrangement.
- 2.
3.
any specific financing arrangement or lender.
- 4.

- 5.

- 6.

- 7.

8.
any or all of the premiums related to the proposed prn4tt.

First
First

WEST COAST LIFE INSURANCE COMPANY • P. O. Box 193892 • San Francisco, CA 94119-3892
AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

1. This authorization to obtain and disclose information complies with HIPAA regulations that exempt the minimum necessary rules

MAKE CHECK PAYABLE TO THE AGE

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