

# Convertible Life Insurance Policy Application Form

## 1. Personal Information

Full Name

Date of Birth

Gender

Address

City

State/Province

Postal Code

Phone Number

Email Address

## 2. Policy Information

Coverage Amount

Term (years)

Desired Conversion Option

Primary Beneficiary Name

## 3. Health Declaration

Primary Physician

Physician Contact

Have you ever been diagnosed with any major illnesses? If yes, please specify.

List current medications (if any):

I am a smoker

Consume alcohol regularly

## 4. Declarations & Agreement

I certify that the information provided is true and complete to the best of my knowledge. I agree to the terms and conditions of this policy application.

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Applicant's Signature

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Date