



FINANCIAL SUPPLEMENT

Forming Part of the Application for Life Insurance (Complete if the Proposed Insured is age 65 or older and the sum of the Face Amount of all applications for Life Insurance that will be underwritten concurrently with USFL, and/or any other affiliated company, equals \$2 million or more). If additional space is needed to complete this application, attach additional sheet of paper, it must be signed and dated by the Proposed Owner, Proposed Insured, and Financial Professional.

Name			
	First	Middle	Last
☐ Proposed Ins	sured / Additional/J	oint Insured	
	Owner name if o	other than Proposed/Additional I	nsured
details of fundin	g, including name(s) of	ng for the policy(ies) currently a fall entities involved. If the sourch company and number of year	rce of funding is from a life
funding, ether no	ow or in the future, for ar	d Owner or Proposed Insured, pr by premium payment for the polic des of all entities involved.)	
☐ Yes ☐ No)		





Phone: 800-959-3894 Fax: (803)-233-3725

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3. a. Are either the Proposed Owner or Proposed Insured now financing or intending to finance and of the premium payments required to pay for and/or to maintain this policy through a financing of loan agreement? (If "Yes", submit a copy of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement, detailed Personal Company of the financing or loan agreement of the financing				
Financial Statement signed by the preparer, and complete below.)				
Loan (% of premium) Identify Source of Loan				
Loan Repayment Schedule (if the loan can be extended, include duration for which loan may be extended)				
Describe the collateral used				
☐ Yes ☐ No				
b. Is the Proposed Owner or Proposed Insured required to post a letter of credit or personal guarantee' (If "Yes", please describe details of asset(s) or financial institution offering the guarantee.)				
Interest rate% Frequency Duration				
☐ Yes ☐ No				
c. If interest may be accrued, give details				
d. In addition to repayment of principal and interest, are there other fees, charges, or othe consideration to be paid on maturity? (If "Yes", give details of additional fees, charges, o consideration)				
□ Yes □ No				



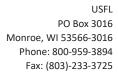
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4. Other Financing Agreement

If the Proposed Owner or Proposed Insured will be paying premiums funded by an individual and/or an entity other than the Proposed Insured(s), or the Proposed Insured's employer, provide details of the arrangement together with any documents relating to the arrangement

Description			
Interest Rate	% Frequency	Duration	
Additional fees, cha	arges, or consideration		
cash, services, or a	ny other consideration, as an ind	y person or entity, either being paid accement (a) to enter into this transfeds of the policy? (If "Yes", described.	action or (b)
		y, be medically evaluating the Propinancing? (If "Yes", give details, in	
name(s) of the entit		maneing. (If Tes , give details, i	
☐ Yes ☐ No			





Attorney:		
First	Middle	Last
Business Address:		
Accountant:		
First	Middle	Last
Business Address:		
Other:		
Name:		
First	Middle	Last
Branch:		
Name:		
First	Middle	Last
Branch:		
Have bankers, attorneys and accountage	nts been authorized to release informa	ntion?
If "no", explain		





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I represent that the statements and answers in this supplement, and provided by me for use in conjunction with this supplement, are truknowledge and belief.	
Signature of Proposed Insured/Owner	Date
Signature of Owner	Date
Signature of Owner	 Date