

Court's Exhibit A

## A Family Of Satisfied Policyholders

Globe Life And Accident Insurance Company stands out for its valuable products and quality customer service. Since 1951, Globe Life has grown in financial strength and reputation.

With over 3.8 million policyholders, Globe Life is committed to providing affordable life insurance for the entire family.

Today, Globe Life has over \$58 billion of insurance in force. Globe Life continues to receive high national ratings from independent insurance analysts A.M. Best Company:

**A+ (Superior) – A.M. Best Company, Insurance analysts since 1899.** This rating is based on their latest analysis of Globe Life's financial strength, management skills and integrity (rating as of 6/10). For the latest rating, access [www.ambest.com](http://www.ambest.com).

**POLICY DESCRIPTION:** This is a modified premium term-to-age-90 product. The initial term period can either be 1, 2, 3, 4 or 5 years in duration, depending upon issue age. All renewal term periods begin at a 5-year plus one age (i.e. 21, 26, 31, 36...86) and will be 5 years in length except for the final term period. The final 4-year period always begins at age 86 and the policy will terminate at the policy anniversary following the insured's 90th birthday.

**MIB, INC., PRE-NOTICE:** Information regarding your insurability will be treated as confidential. Globe Life And Accident Insurance Company, or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. If you have questions, please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Globe Life And Accident Insurance Company, or its reinsurers, may also release information from 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. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

Globe Life And Accident Insurance Company is licensed in all states except New York.

Globe Life And Accident Insurance Company  
Globe Life Center • Oklahoma City, OK 73184  
972-840-5542

Policy Form IGR1G or BRTCV with GTLADR/GTLADR10

F8857 R4/11

Pay  
**\$1.00**  
Back

**\$50,000**

**Adult Life Insurance  
For Policyholders**

- Monthly rates as low as \$1.99
- No medical exam – just answer a few health questions
- 30-day money-back guarantee
- First-day coverage
- Buy direct by mail
- No waiting period

**Choose \$5,000, \$10,000,  
\$20,000, \$30,000 or  
\$50,000 Coverage**

# \$1 Starts Up To \$50,000 Of Life Insurance For Parents

Send \$1\* And Your Completed Application To Start Globe Life Insurance

## Female Monthly Rates

Your Age	\$5,000	\$10,000	\$20,000	\$30,000	\$50,000
18-21	\$1.99		\$4.99		\$10.99
22-24	2.49		6.24		13.74
25-29	2.99		6.74		14.24
30-34	3.49		7.99		16.99
35-39	3.99		9.99		21.99
40-44	4.99		12.49		27.49
45-49	5.99		14.99		32.99
50-54	6.99		18.99		42.99
55-59	8.99		26.99		62.99
60-64	11.99		38.99		92.99
65-69	15.49		54.49		132.49
70-74	20.99		74.99		182.99
75-79	28.99		105.49		258.49
80-84	40.99		153.49		378.49
85-89	56.99		220.49		547.49

## Male Monthly Rates

Your Age	\$5,000	\$10,000	\$20,000	\$30,000	\$50,000
18-21	\$2.49		\$6.24		\$13.74
22-24	2.99		7.49		16.49
25-29	3.49		8.74		19.24
30-34	3.99		9.99		21.99
35-39	4.99		12.49		27.49
40-44	5.99		14.99		32.99
45-49	6.99		20.49		47.49
50-54	8.99		28.49		67.49
55-59	11.99		41.99		101.99
60-64	16.99		58.99		142.99
65-69	22.99		79.99		193.99
70-74	30.49		109.99		268.99
75-79	42.99		158.49		389.49
80-84	59.99		227.99		563.99
85-89	82.99		324.49		807.49

\*After first month, full rate schedule shown above. Your initial premium is based on your age at issue; premiums increase as you enter each new five-year age band as shown above.  
 \*\*Not available to WA residents above the age of 69. †Ages 81-89 not available for issue, but are for renewals only. Rates shown above are for the standard class only.  
 Accidental Death Option only available up to the age of 69. The benefit will be paid for all causes of death except suicide, while sane or insane, within two years from the date of issue (one year in CO and ND; not applicable in MO).

Court's Exhibit B

## A Family Of Satisfied Policyholders

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Today, Globe Life has over \$58 billion of insurance in force. Globe Life continues to receive high national ratings from independent insurance analysts A.M. Best Company:

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**MLB, INC. PRE-NOTICE:** Information regarding your insurability will be treated as confidential. Globe Life And Accident Insurance Company, or its reinsurers may, however, make a brief report thereon to the MLB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MLB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MLB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MLB will arrange disclosure of any information in your file. If you have questions, please contact MLB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MLB's file, you may contact MLB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MLB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Globe Life And Accident Insurance Company, or its reinsurers, may also release information from 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. Information for consumers about MLB may be obtained on its website at [www.mlb.com](http://www.mlb.com).

Globe Life And Accident Insurance Company is licensed in all states except New York.

Globe Life And Accident Insurance Company  
Globe Life Center • Oklahoma City, OK 73184  
972-340-8542

Policy Form #GRTO or BRTCV with GTLADR/GTLADR10

F8867 R4/11



- Monthly rates as low as \$1.99
- No medical exam - just answer a few health questions
- 30-day money-back guarantee
- First-day coverage
- Buy direct by mail
- No waiting period

Choose \$5,000, \$10,000,  
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# \$1 Starts Up To \$50,000 Of Life Insurance For Parents

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### Female Monthly Rates

Your Age	5,000	10,000	20,000	30,000	50,000
18-24	\$1.99		\$4.99		\$10.99
25-31	2.49		6.24		13.74
32-38	2.99		6.74		14.24
39-45	3.49		7.99		16.99
46-52	3.99		9.99		21.99
53-59	4.99		12.49		27.49
60-66	5.99		14.99		32.99
67-73	6.99		18.99		42.99
74-80	8.99		26.99		62.99
81-87	11.99		38.99		92.99
88-94	15.49		54.49		132.49
95-101	20.99		74.99		182.99
102-108	28.99		105.49		258.49
109-115	40.99		153.49		378.49
116-122	56.99		220.49		547.49

### Male Monthly Rates

Your Age	5,000	10,000	20,000	30,000	50,000
18-24	\$2.49		\$6.24		\$13.74
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39-45	3.99		9.99		21.99
46-52	4.99		12.49		27.49
53-59	5.99		14.99		32.99
60-66	6.99		20.49		47.49
67-73	8.99		28.49		67.49
74-80	11.99		41.99		101.99
81-87	16.99		58.99		142.99
88-94	22.99		79.99		193.99
95-101	30.49		109.99		268.99
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\*After first month, full rate schedule shown above. Your initial premium is based on your age at issue; premiums increase as you enter each new five-year age band as shown above.  
 \*\*Not available to WA residents above the age of 69. \*Ages 81-89 not available for issue, but are for renewals only. Rates shown above are for the standard class only.  
 Accidental Death Option only available up to the age of 69. The benefit will be paid for all causes of death except suicide, while sane or insane, within two years from the date of issue (one year in CO and ND; not applicable in MO).

**GLOBE LIFE AND ACCIDENT INSURANCE COMPANY**

A Legal Reserve Stock Company \* Globe Life Center \* Oklahoma City, Oklahoma 73184

**GROUP RENEWABLE TERM LIFE INSURANCE POLICY**

Globe Life And Accident Insurance Company certifies that it has issued Group Policy GRTG, and that the person named in this certificate is insured, subject to the terms and conditions of the Group Policy.

**DEATH BENEFIT PAYABLE**

We will pay the proceeds of this certificate to the Beneficiary when We receive due proof that the Insured's death occurred while this certificate was in force.

**30 DAY RIGHT TO EXAMINE CERTIFICATE**

Please examine Your certificate carefully. Within 30 days after this certificate is first received, it may be returned to Us. If returned, the certificate will be as though it had never been issued. Any premiums paid will be returned.

**THIS IS A LEGAL CONTRACT - READ YOUR CERTIFICATE CAREFULLY**

In this certificate:

Insured -- means an eligible person who is named in the Certificate Specifications.

You, Your -- means the Owner of the Certificate.

We, Us, Our -- means Globe Life And Accident Insurance Company.

Age -- means age on the last birthday of the Insured.

Signed for Globe Life And Accident Insurance Company at Oklahoma City, Oklahoma.

*Perry M Hutchison*

Secretary

*Charles F. Hudson*

President

PLEASE READ - The basis for this certificate is the information in the enrollment form. Incorrect information in the enrollment form could void the certificate or cause an otherwise valid claim to be denied. Advise Us immediately if any information is wrong or if any past medical history has been left out.

**CERTIFICATE SPECIFICATIONS**

<b>GROUP POLICY NUMBER:</b>	<b>GRTG-1</b>
<b>HOLDER:</b>	<b>GLOBE FAMILY SERVICES TRUST</b>
<b>INSURED:</b>	<b>Khalil L Wallace</b>
<b>CERTIFICATE NUMBER:</b>	<b>00-3T59404</b>
<b>CERTIFICATE EFFECTIVE DATE:</b>	<b><u>OCTOBER 01, 2011</u></b>
<b>ISSUE AGE AND SEX:</b>	<b>19 MALE</b>
<b>PREMIUM CLASS:</b>	<b>STANDARD</b>
<b>AMOUNT OF INSURANCE:</b>	<b>\$50,000</b>
<b>REINSTATEMENT INTEREST RATE:</b>	<b>6.00%</b>
<b>BENEFICIARY: AS STATED IN THE ENROLLMENT FORM, UNLESS SUBSEQUENTLY CHANGED BY THE CERTIFICATE HOLDER.</b>	

GROUP RENEWABLE TERM LIFE INSURANCE POLICY - Renewable and Convertible for the periods shown on Page 2 - Premiums Payable as shown on Page 2 - Amount of Insurance Payable as shown on Page 2 - Non-Participating - No Dividends are paid.

**BENEFIT AND PREMIUM SCHEDULE**

DESCRIPTION OF BENEFITS: RENEWABLE TERM TO AGE 90  
 END OF INITIAL TERM PERIOD: OCTOBER 01, 2013  
 RENEWAL TERM PERIOD: 5 YEARS  
 END OF CONVERSION PERIOD: OCTOBER 01, 2057  
 AMOUNT OF INSURANCE: \$50,000  
 METHOD OF PAYMENT ELECTED: ANNUAL  
 PREMIUMS:

PREMIUM PERIOD BEGINNING	MONTHLY PREMIUM
OCTOBER 01, 2011	\$1.00
NOVEMBER 01, 2011	\$13.74
OCTOBER 01, 2013	\$16.49
OCTOBER 01, 2018	\$19.24
OCTOBER 01, 2023	\$21.99
OCTOBER 01, 2028	\$27.49
OCTOBER 01, 2033	\$32.99
OCTOBER 01, 2038	\$47.49
OCTOBER 01, 2043	\$67.49
OCTOBER 01, 2048	\$101.99
OCTOBER 01, 2053	\$142.99
OCTOBER 01, 2058	\$193.99
OCTOBER 01, 2063	\$268.99
OCTOBER 01, 2068	\$389.49
OCTOBER 01, 2073	\$563.99
OCTOBER 01, 2078	\$807.49
OCTOBER 01, 2082	END OF RENEWAL PERIOD

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Owner and Beneficiary .....	3	Payment of Proceeds .....	3
Premiums and Reinstatement .....	3		

**AMOUNT OF PROCEEDS**

The proceeds payable at the death of the Insured will be: (a) the Amount of Insurance provided by this certificate on the date of death of the Insured; less (b) the portion of any premium due and unpaid which applies to a period prior to the date of death of the Insured.

**OWNER AND BENEFICIARY**

**RIGHTS OF THE OWNER** - This certificate belongs to You, the Owner. Unless You provide otherwise, You may receive all benefits and exercise all rights granted by this certificate during the Insured's lifetime.

**BENEFICIARY** - If no named Beneficiary survives the Insured, the proceeds will be paid to the Owner, if living; otherwise to the Owner's estate.

**CHANGE IN CERTIFICATE OWNER AND BENEFICIARY** - Unless You provide otherwise in writing to Us, You may change the Owner or Beneficiary during the lifetime of the Insured. Changes must be made in writing request filed with Us. The change will take effect on the date the request was signed, but it will not apply to payments made by Us before We accept the request in writing.

**ASSIGNMENT** - You may assign this certificate. However, no assignment will bind Us until it is filed in writing at Our Home Office. When it is filed, Your rights and the rights of any Beneficiary will be subject to it. We will not be responsible for the validity of any assignment.



## PREMIUMS AND REINSTATEMENT

**PREMIUMS** - Premiums are payable in advance at Our Home Office. We will issue You a receipt upon request.

**GRACE PERIOD** - This certificate has a 31-day grace period. This means that if any premium after the first is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, the certificate will stay in force. At the end of the grace period, the certificate will lapse.

**REINSTATEMENT** - If Your certificate lapses, You may ask that it be put back in force. We will do so provided: (a) Your written request is received at Our Home Office within one year of the due date of the first unpaid premium; (b) You show that the Insured is still insurable according to Our normal rules; and (c) You pay all overdue premiums, plus compound interest at the reinstatement interest rate shown on page 1.

## RENEWAL

If this certificate is in force at the end of a term period, it may be renewed by payment of the renewal premium shown in the Benefit and Premium Schedule of the certificate on page 2. Renewal will be effective upon payment of that premium within 31 days of its due date. Each Renewal Term Period shall begin at the end of the preceding term period and will be for the period of time shown on page 2.

## CONVERSION

You may exchange this certificate for an individual life policy without evidence of insurability, provided that: (a) this certificate is in force; (b) the certificate anniversary following the Insured's 65th birthday has not passed; and (c) You submit a written application for the conversion. The new policy will be issued: (a) on a level premium whole life plan; (b) for an amount of insurance equal to or less than the insurance provided by this certificate on the date of exchange; (c) at a premium according to Our rates then in use for the age of the Insured; and (d) in the same premium class as this certificate. Riders may be included in the new individual policy only with Our consent.

## TERMINATION OF COVERAGE

The coverage of any Insured shall terminate at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid. Any premium paid for any period after the date coverage terminates will not continue the Insured's coverage in force and will be returned. Coverage will automatically terminate on the Certificate Anniversary as shown in the Benefit and Premium Schedule on Page 2.

## GENERAL PROVISIONS

**THE CONTRACT** - This certificate, including the enrollment form, is the entire contract between You and Us. Any change must be made in writing by one of Our officers. All statements in the enrollment form are representations and not warranties. No statements shall be used to void this certificate or to defend against a claim unless contained in the enrollment form.

**PAYMENT OF BENEFITS** - All benefits are payable at Our Home Office. We may require You to submit this certificate before We approve changes or pay benefits.

**ERRORS IN AGE OR SEX** - If the Insured's age or sex is misstated, the benefits under this certificate will be those the premium paid would have purchased at the correct age and sex.

**SUICIDE EXCLUSION** - If the Insured commits suicide, while sane or insane, within two years from the certificate date, Our liability will be limited to the premiums paid.

**INCONTESTABILITY** - This certificate will be incontestable after it has been in force during the lifetime of the Insured for two years from the Certificate Effective Date except for non-payment of premiums.

## PAYMENT OF PROCEEDS

**PAYMENT UPON PROOF OF DEATH** - We will pay the life insurance proceeds in one sum subject to due proof of the Insured's death and of the claimant's interest. Such proof must be submitted on forms acceptable to Us.

**OTHER PAYMENT OPTIONS** - While the Insured is living, You may elect to receive the life insurance proceeds in any other manner agreed to in writing by Us and may change or revoke such election. At the time the proceeds become payable, a Beneficiary may elect to receive the proceeds in another manner agreed to in writing by Us subject to the Owner's right to restrict payment.

**CLAIMS OF CREDITORS** - To the extent permitted by law, proceeds will not be subject to any claims of creditors of the Insured or Beneficiary.

# GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Globe Life Center \* Oklahoma City, Oklahoma 73184

## EXTENDED TERM INSURANCE RIDER

This Rider amends and is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, exclusions and limitations of the certificate which are not in conflict with this rider.

**NONPAYMENT OF PREMIUM:** If a premium is not paid by the end of the grace period, the certificate will lapse as of the due date of the overdue premium. All insurance will terminate at the time of lapse unless the certificateholder qualifies for **EXTENDED TERM INSURANCE**. The certificateholder qualifies for such if:

- 1) the certificateholder has an attained age of 65 or older on the due date of the overdue premium, and
- 2) the certificate for which premiums are due has been in effect for at least ten years as of the due date of the overdue premium.

The length of the **EXTENDED TERM INSURANCE** will be one year from the due date of the overdue premium. The amount of the Extended Term Insurance will be the amount of insurance of the attached certificate.

*Pam M Hutchison*

Secretary

*Charles F. Hudson*

President

Court's Exhibit C



Dear Friend:

RE: \$50,000 Adult Life Insurance

Globe Life gives you life insurance coverage that costs only \$1.00\* to start! You can choose \$5,000, \$10,000, \$20,000, \$30,000 or even \$50,000 coverage. There's no medical exam ... just answer a few Yes/No health questions. We provide you with easy-to-understand information and you determine the amount of protection you need for your family.

Answer A  
Few Yes/No  
Health  
Questions

**It's Easy To Buy – Just Answer A Few Yes/No Health Questions**

No Waiting  
Period

Getting life insurance does not have to be time-consuming. You buy directly through the mail – just answer a few Yes/No health questions on the easy application. It's hassle-free.

Buy Direct  
By Mail

**\$1.00\* Starts Up To \$50,000 Life Insurance Coverage**

Pay only \$1.00\* for the first month whether you choose \$5,000, \$10,000, \$20,000, \$30,000 or \$50,000 coverage. After the first month, the rate schedule is based on your current age and is guaranteed for the life of the policy. See the enclosed brochure for our affordable monthly rates.

No-Risk  
Money-Back  
Guarantee

**Your Life Insurance Coverage Can Never Be Canceled Or Reduced**

Your life insurance benefit will NEVER be canceled or reduced throughout the policy period because of changes in your health or occupation as long as your premiums are paid on time. Your coverage is a term-to-age-90 life insurance policy and the beneficiary you select is paid directly, FREE of federal income tax. Your FULL protection starts the first day your policy is issued. There is no waiting period.

Join  
Over 3.8  
Million  
Current

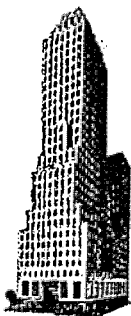
**Supplement Your Existing Life Insurance**

Globe Life  
Policyholders

Supplement your own existing life insurance or life insurance provided by your employer. The FULL benefit is paid by Globe Life in addition to any other coverage. A Globe Life policy provides up to \$50,000 of financial support for hospital and doctor bills, funeral costs plus other final expenses when your loved ones need it most.

**Up To \$150,000 Accidental Death Protection Option**

You can also choose \$25,000, \$50,000, \$100,000 or \$150,000 accidental death protection for your family for a few dollars more per month, if you are between the ages of 18 and 69.



Established 1951 - Built On Honesty, Reliability And Trust



Simply indicate the coverage amount in the space provided at the bottom of the enclosed application. If you choose this optional accidental death insurance, your \$1.00\* also pays for this additional coverage for the first month.

**No-Risk 30-Day Money-Back Guarantee**

Complete the application, sign and mail it with \$1.00\*. Once your application is approved, we will mail your policy. If you are not satisfied for any reason, return it within 30 days and we'll refund your \$1.00\* – no questions asked.

**Globe Life Is Rated A+ (Superior) By A.M. Best Company**

Globe Life currently insures over 3.8 million policyholders with over \$60 billion of insurance in force and has made life insurance easy to buy since 1951. Globe Life continues to receive an **A+ (Superior)**<sup>†</sup> rating from A.M. Best Company, one of America's leading insurance analysts since 1899. This rating is based on their latest analysis of Globe Life's financial strength, management skills and integrity. Globe Life is the life insurance company you can trust.

Make this important decision today. Remember, you are protecting your future and the future of the ones you love.

Sincerely,

Charles F. Hudson  
President

CH:qon R7/11

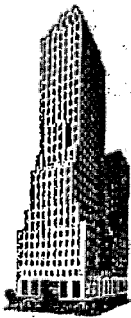
P.S. Remember, your spouse or another family member can also get life insurance protection. We've included another application for them to apply. Please be sure that you both sign the applications.

\*Rates after the first month are shown in the enclosed brochure.

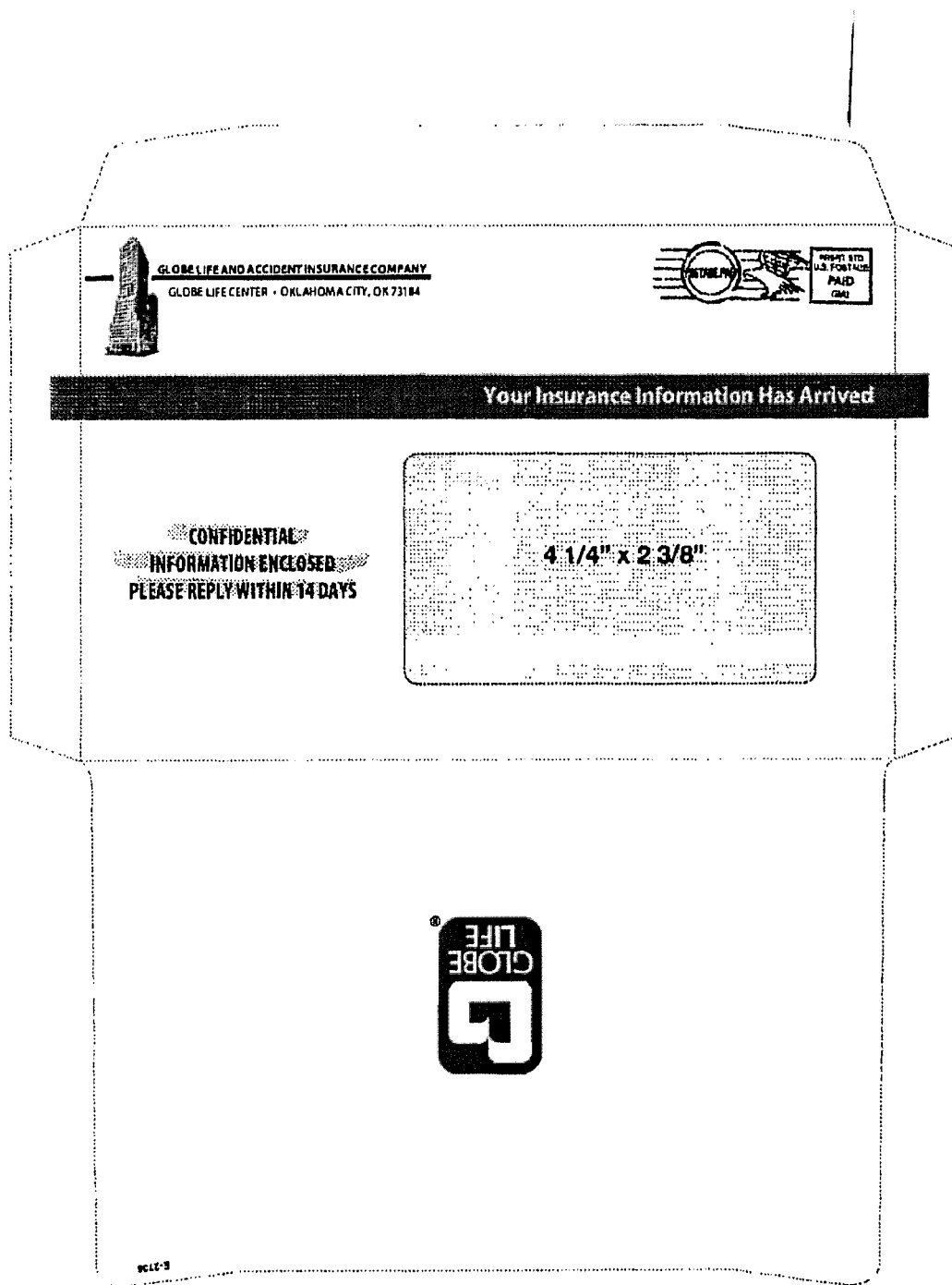
<sup>†</sup>Rating as of 6/11. For latest rating, access [www.ambest.com](http://www.ambest.com).

Policy Form #GRTG or SRTCV with GTLADR or GTLADR10

Answer A  
Few Yes/No  
Health  
Questions  
•  
No Waiting  
Period  
•  
Buy Direct  
By Mail  
•  
No-Risk  
Money-Back  
Guarantee  
•  
Join  
Over 3.8  
Million  
Current  
Globe Life  
Policyholders



Court's Exhibit D





# \$1 Buys Up To \$50,000

ADULT LIFE INSURANCE

Your insurance information is enclosed.

GLOBE FAMILY SERVICES TRUST • UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • OKLAHOMA CITY, OK

## ENROLLMENT FOR LIFE INSURANCE

IMPORTANT: Please be sure each question on the enrollment form is answered

Proposed Insured Name (First, M.I., Last) Please Print	Date of Birth (Required) mm / dd / yy	<input type="checkbox"/> Male <input type="checkbox"/> Female	Amount of Insurance (Check One) <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000
Address _____ Apt. _____			
City _____ State _____ Zip _____			
Telephone (_____) _____		E-mail Address _____	
<small>(Telephone and E-mail Address for Customer Service Use Only)</small>			
Beneficiary Name (Please Print)		Relationship to Proposed Insured (Please Print)	

Please answer the following questions. A "yes" response does not automatically make you ineligible for coverage.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Is the Proposed Insured currently disabled due to illness, confined to a hospital or nursing facility, or does the Proposed Insured require the use of a wheelchair? .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past 3 years, has the Proposed Insured had or been treated for:  |                          |                          |
| (a) Cancer, coronary artery disease, or any disease or disorder of the heart, brain or liver? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or test results indicating exposure to the Acquired Immune Deficiency Syndrome virus?.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Proposed Insured have any chronic illness or condition which requires periodic medical care or may require future surgery? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this enrollment?.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes, list company name: \_\_\_\_\_

**AUTHORIZATION**

I am enclosing the initial premium and understand the insurance applied for will become effective on the date this enrollment form is approved by the Company during the lifetime of the insured. Should the enrollment form be declined, the amount paid will be refunded. I hereby authorize MB, Inc. if it has any records of me or my health, and any pharmacy benefits manager that possesses prescription history about me, to give any and all such information to Globe Life And Accident Insurance Company. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to Globe Life And Accident Insurance Company. I acknowledge receipt of the MB, Inc. Pre-Notice. A photographic copy of this authorization will be as valid as the original.

Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

YES! I want additional Accidental Death coverage in the amount of: (For ages 18-69, please check one.)

<input type="checkbox"/> \$25,000 for \$2.50 more per month	<input type="checkbox"/> \$50,000 for \$5.00 more per month
<input type="checkbox"/> \$100,000 for \$10.00 more per month	<input type="checkbox"/> \$150,000 for \$15.00 more per month

DATE \_\_\_\_\_ **X** APPLICANT - OWNER SIGNATURE / RELATIONSHIP TO PROPOSED INSURED

This enrollment with check or cash should be mailed in the return envelope enclosed. Make check payable to Globe Life And Accident Insurance Company. 7663(29)



# \$1 Buys \$50,000 – Direct By Mail

- It's easy to apply. You can choose from \$5,000, \$10,000, \$20,000, \$30,000 or even \$50,000 life insurance coverage.
- For just a few dollars more per month, you can add \$25,000, \$50,000, \$100,000 or \$150,000 of accidental death coverage to your policy if you are between the ages of 18 and 69.
- Enclose \$1.00\* with the application and mail in the free postage-paid envelope provided for your convenience. We make it easy to apply.
- Please answer each of the questions on the application. There is no medical exam – just a few Yes/No health questions. If you want coverage for your spouse or other family members, we have included an additional application to fill out below. Be sure each applicant signs their application.
- No waiting period. Protection starts as soon as your policy is issued. The policy pays regardless of death, except suicide, while sane or insane if suicide occurs within two years from the date of issue (one year in CO and ND; not applicable in MO).

\*Rates after the first month are shown in the enclosed brochure.

## ADDITIONAL APPLICATION FOR SPOUSE OR RELATIVE

GLOBE FAMILY SERVICES TRUST • UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY - OKLAHOMA CITY, OK

### ENROLLMENT FOR LIFE INSURANCE

IMPORTANT: Please be sure each question on the enrollment form is answered.

Proposed Insured Name (First, M.I., Last) Please Print	Date of Birth (Required) mm / dd / yy	Amount of Insurance (Check One) <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000
Address _____ Apt. _____		
City _____ State _____ Zip _____		
Telephone (_____) _____	E-mail Address _____ <small>(Telephone and E-mail Address for Customer Service Use Only)</small>	
Beneficiary Name (Please Print)	Relationship to Proposed Insured (Please Print)	

Please answer the following questions. A "yes" response does not automatically make you ineligible for coverage.

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>YES</b>               | <b>NO</b>                |
| 1. Is the Proposed Insured currently disabled due to illness, confined to a hospital or nursing facility, or does the Proposed Insured require the use of a wheelchair? .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past 3 years, has the Proposed Insured had or been treated for:  |                          |                          |
| (a) Cancer, coronary artery disease, or any disease or disorder of the heart, brain or liver? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or test results indicating exposure to the Acquired Immune Deficiency Syndrome virus? .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Proposed Insured have any chronic illness or condition which requires periodic medical care or may require future surgery? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this enrollment? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes, list company name: \_\_\_\_\_

#### AUTHORIZATION

I am enclosing the initial premium and understand the insurance applied for will become effective on the date this enrollment form is approved by the Company during the lifetime of the insured. Should the enrollment form be declined, the amount paid will be refunded. I hereby authorize MIB, Inc. if it has any records of me or my health, and any pharmacy benefits manager that possesses prescription history about me, to give any and all such information to Globe Life And Accident Insurance Company. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to Globe Life And Accident Insurance Company. I acknowledge receipt of the MIB, Inc. Pre-Notice. A photographic copy of this authorization will be as valid as the original.

Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

YES! I want additional Accidental Death coverage in the amount of: (For ages 18-69, please check one.)  
 \$25,000 for \$2.50 more per month       \$50,000 for \$5.00 more per month  
 \$100,000 for \$10.00 more per month       \$150,000 for \$15.00 more per month

DATE \_\_\_\_\_ **X** APPLICANT – OWNER SIGNATURE / RELATIONSHIP TO PROPOSED INSURED

This enrollment with check or cash should be mailed in the return envelope enclosed. Make check payable to Globe Life And Accident Insurance Company.  
7663(29)

Policy Form #GRTG or SRTCV with GTLADR or GTLADR10

F9365-29