

- Federal Kemper Life Assurance Company
- Fidelity Life Association, A Mutual Legal Reserve Company
- Zurich Life Insurance Company of America
Schaumburg, Illinois 60196-6801



Policy Number _____

APPLICATION FOR INDIVIDUAL LIFE INSURANCE	Amount remitted with this application, in exchange for the Company receipt: \$ Do not submit money if death benefit exceeds \$500,000.
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Proposed Primary Insured _____ Proposed Other Insured _____	
Name Last _____ First _____ MI _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street _____	
City _____	State _____ Zip _____
Social Security number _____	Occupation _____
Birthplace _____	Birthdate _____ Age at nearest birthday _____
Home phone () _____	Business phone () _____
Where can you be reached for additional information? ____ Home ____ Work Best days: _____ Best times: ____ a.m. ____ p.m.	

Owner, if other than proposed insured (N/A for OIR)	Owner's address
Relationship to Proposed Insured	Social Security or Tax ID #
Primary beneficiary	Relationship to Proposed Insured

Is this policy to replace any existing insurance or annuity(ies)?
If yes, indicate Company name(s): Yes No

Has the owner been provided a written illustration which conforms to this application? Yes No
If "no," owner acknowledges that owner will receive an illustration conforming to the policy as issued no later than at the time of the policy delivery for policies that are illustrated.

Initial death benefit (Specified amount, if UL) \$ _____
Rate class applied for: _____

Is Proposed Insured a U.S. Citizen? Yes No (If No:)
Country of citizenship _____ Permanent Visa? Yes No How long in U.S.? _____

Plan of insurance: _____
If UL/VUL*: (If neither is selected, Option A will be assigned.)
 Option A: Specified amount includes cash value
 Option B: Specified amount plus the cash value
* If VUL, complete the VUL Supplement.

Has the Proposed Insured used tobacco in any form in the past: 36 months? Yes No 60 months? Yes No

Riders: ____ WP/WMD ____ OIR ____ Other:
(complete separate application for each OIR)

Has the proposed insured ever been told he had or been treated for: diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does proposed insured have any other health problems, habits, or hobbies that may affect insurability? (If yes, preferred rates are unlikely.) Yes No

Planned periodic premium (UL/VUL only): \$ _____
Mode of premium payment:
____ Annual ____ SA ____ Qtrly ____ PAC ____ Quick Check

Special Requests: _____

Authorization To Obtain And Disclose Information: I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until: a full application has been signed by the proposed insured; and a policy has been issued; and the full first premium has been received by the company checked above; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy.

I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau.
I (we) hereby authorize: any licensed physician or medical practitioner; any hospital, clinic or other medical or medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person that has any records or knowledge of me or my health, to give to the Zurich Life companies, or their reinsurers or the Medical Information Bureau, any such information. This authorization is valid for two and one-half years from the date this form is signed. An exact copy of this authorization is as valid as the original.

Signed at: (city and state) _____ Signature of Proposed Insured (if age 18 or over) _____
Date signed: (month/day/year) _____ Signature of Owner/Applicant, if other than Proposed Insured _____

Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? (If "Yes," complete any required replacement forms.) Yes No
Has the Owner been provided an illustration which conforms to this application? Yes No
If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for.

Print General Agent's name/number _____ Print Agent's name/Social security number or Agent Code _____

Agent's Signature _____ Date _____ Telephone number _____

Conditional Receipt

To: Federal Kemper Life Assurance Company
 Fidelity Life Association, A Mutual Legal Reserve Company
 Zurich Life Insurance Company of America
1600 McConnor Parkway, Schaumburg, Illinois 60196-6801



— Do not complete and give to Applicant unless payment is made.—

In exchange for the payment of the first required premium with the application, the Company selected above will provide insurance prior to policy delivery, under the following terms.

No insurance will be provided under this Receipt unless all requirements are first fulfilled exactly during the lifetime of the Proposed Insured. If all requirements are not so met, or the Proposed Insured dies by suicide, the liability of the Company shall be limited to a refund to the Applicant of the payment made for this Receipt. Medical requirements are defined by the Company's current rules and practices and include hospital and physician reports, and medical examinations and tests. No agent may alter or waive any part of this Receipt. This Receipt provides no insurance for riders or additional benefits.

Requirements

The following must first be fulfilled for insurance to start:

- a. All medical requirements are completed and received by the Company within 60 days from the date of the application;
- b. The first premium has been paid in full;
- c. All questions in the application have been answered;
- d. All answers given in the application are true and complete; and
- e. The Proposed Insured is acceptable to the Company under its rules and practices, for the plan and amount applied for, without amendment, at the rate class applied for or a lesser premium, as of the date the Company receives all of its medical requirements.
- f. The Proposed Insured has complied with all parts of the Life Application.

Start of Insurance

If the above requirements are first met, this Receipt will provide insurance beginning the latest of: (1) the date of the application; or (2) the date of receipt of all medical requirements by the Company.

CONRECEPT 7/97

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Medical Information Bureau Notice

Information regarding your insurability will be treated as confidential. The company selected in Part A of your application Federal Kemper Life Assurance Company, Fidelity Life Association, Zurich Life Insurance Company of America, (we), or our 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 in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. 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.

We, or our reinsurers, may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

This notification must be given to the Proposed Insured before the application is completed

Conditional Receipt *(Continued)*

End of Insurance

Once begun, any insurance this Receipt may provide ends at the earliest of: (1) 60 days after the date of the application; (2) when the Company sends a refund of the premium which was exchanged for this Receipt; or, (3) the date any policy issued goes into effect.

Amount Limit

The amount of insurance provided by this Receipt is the lesser of: (a) the initial death benefit of the insurance applied for in the application; or (b) \$500,000 less all amounts of life insurance and accidental death benefits applied for or in force with the Company and its affiliates.

Payment Terms

The first premium will not be considered paid unless any check, draft, or other instrument of payment (given as premium) is paid in accordance with its terms. **All premium checks must be made payable to the Company selected. Do not make checks payable to the Agent. Do not leave the payee blank.**

This Receipt is given on behalf of the company selected above.

I have read and agree to the above terms.

Dated _____ Signature of the Owner/Applicant _____

Received from _____ \$ _____

for coverage on _____ (the Proposed Insured)

Dated _____ Signature of Agent/Witness _____

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(Tear here)

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— Notification — Important Information — Please Read Both Sides Carefully —

Federal Fair Credit Reporting Act Notice

We may request a consumer report which contains information about your character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. The information is obtained through interviews with your friends, neighbors and associates. It is part of our underwriting procedures. We will furnish information about the nature of the report to you and a written summary of your rights if you write to us and ask.

This notification must be given to the Proposed Insured before the application is completed.

Our Privacy Promise

No Action Required.



We care about your privacy. We believe you have a right to know what we do with the information we gather about you in connection with the products you seek or have from Zurich Life. We also want to assure you that we are safeguarding this important information. Our privacy policy is based on the laws governing privacy and on our own high standards of protecting privacy.

Brief Summary

- We protect your non-public personal financial information and your health information (together called "NPI").
- We do not sell your NPI.
- We do not share your NPI with companies outside of the Zurich family that would use the information to market their own products or services.

Detailed Summary

We need NPI about you so that we can determine your insurability and offer products to meet your specific needs at a fair price. We collect NPI about you from different sources including:

- Applications or other forms you complete;
- Telephone calls with you;
- Data we collect when you visit our web sites;
- Third parties that provide NPI to us with your authorization;
- Your business dealings with us, our affiliates, and others; and
- Consumer reporting agencies; governmental agencies; health care providers; and others.

We will share your NPI only with authorized employees, representatives, affiliates, and trusted third parties whose services are required to assure the highest level of service to you.

Examples of third parties include medical exam providers, third party administrative staff, and reinsurers. We will not disclose NPI about you or about other customers or former customers, except as authorized by law, as described in this privacy statement or as otherwise communicated to you.

Your financial NPI as well as the financial NPI of other customers and former customers may also be shared with financial institutions, securities broker-dealers, and insurance producers, but only in order to make our products and services available to you.

We may also share financial NPI about you or about other customers and former customers within the Zurich family of companies in order to better serve you and offer you worthwhile products and services. These affiliates may include: life insurers; property and casualty insurers; securities broker-dealers; and insurance producers.

We may disclose NPI about you or about other customers and former customers in order to service you and to offer you worthwhile products and services. Examples include:

- NPI from your application or other forms, such as: your name; address; social security number; assets; income; and beneficiaries;
- NPI about your transactions with us, our affiliates or others, such as: your policy coverage; premiums; and payment history;
- Health information; and
- Information from consumer reporting agencies, such as your credit history.

Important Note: Your health NPI and credit history will not be shared with our affiliates or third parties that would use the information to market their own products or services. The law allows us to share your financial information with our affiliates to market products or services to you. You cannot prevent those disclosures.

Disclosures of NPI are also permitted without your authorization for some purposes. These may include:

- To insurance companies, agents, support organizations, and others to: perform marketing or services on our behalf; or to detect or prevent criminal activity, fraud, or material non-disclosure in connection with insurance transactions;

Our Privacy Promise *continued*

- To an insurance regulatory agency;
- To a law enforcement or other governmental agency pursuant to law;
- As otherwise permitted or required by law;
- In response to a facially valid administrative or judicial order, including a subpoena;
- As part of a proposed or consummated sale, transfer, merger, or consolidation of all or part of the business;
- To an affiliate as described above;
- To a customer or policyowner; or
- To an assignee of a policy under the terms of the assignment.

You have the right to view and correct any NPI we may collect about you. If you believe any of the information we have collected about you is wrong, we would welcome your help in making corrections. Please contact us as shown below if you wish to view or correct this information.

Please be aware that information obtained from a report prepared by an insurance support organization may be retained by the insurance support organization and disclosed to other persons.

We will protect your NPI. We will restrict access to your NPI by maintaining physical, electronic, and procedural safe-

guards. The only employees who are authorized to access your NPI are those who need to have it to provide products or services to you.

This policy statement may be changed at any time. We will notify you if we make any changes in this policy statement which broaden when we may share your NPI.

Above all, we value your trust and your confidence in our ability to manage and protect your important personal information. You have our word that we will protect your information as if it were our own.

If we provide more than one financial product or service to you, you may receive more than one privacy statement from us. We do this in order to ensure that you receive a notice of our privacy practices.

If you have questions or concerns about our privacy policy or would like a more detailed explanation of our privacy practices, please contact us through any of the ways listed below. Please include your name and policy number when contacting us.

**You may request more information at
www.zurichlifeus.com or by contacting us at:**

Zurich Life
Attention: Privacy/Corporate Communications
1600 McConnor Parkway
Schaumburg, IL 60196-6801.

*Federal Kemper Life Assurance Company, Fidelity Life Association, A Mutual Legal Reserve Company, Zurich Life Insurance Company of America, Zurich Life Insurance Company of New York, Zurich Direct, Inc., Zurich Direct Insurance Agency, Inc. of Massachusetts, Investors Brokerage Services, Inc., Investors Brokerage Services Insurance Agency, Investors Brokerage Services Insurance Agency of Ohio, Investors Brokerage Services Agency of Texas, and PMG Securities Corporation.
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