



S.USA LIFE INSURANCE COMPANY, INC.

APPLICATION DECLARATIONS

P.O. Box 1050, Newark, NJ 07101-1050

Toll Free: 1-866-SUSA-123 / 1-866-787-2123

website: www.susa.com

(From Section 10 of the application. Telephone interviewer will ask applicant to agree and e-sign.)

I understand and agree that the statements and answers in this application are complete and true to the best of my knowledge and belief and shall be attached to and form a part of the contract of insurance. I also understand and agree that the insurance applied for, if issued, shall be subject to such statements and answers and take effect on the effective date stated in the Policy Data page provided the applicable first premium has been paid.

I understand that the statements and answers in the application are the basis for any policy issued by the Company and that no information about the Proposed Insured will be considered to have been given to the Company unless it is stated in the application, and the Proposed Insured will notify the Company of any changes in the statements or answers given in the application between the time of application and delivery of the policy.

I understand that a sales representative does not have the Company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable.

I understand that the amount applied for may be reduced or denied if other simplified issue policies from the company or its affiliates are in-force or pending on the life of the Proposed Insured.

I have received and read the required MIB, Inc. and Fair Credit Reporting Act Notices.

ACCELERATED DEATH BENEFIT: Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no premium charge for this benefit. However, upon election, the benefit is discounted because it is an early payment and a one-time processing fee of \$150 is deducted.

LIMITED DEATH BENEFIT: I understand that if I am approved for the Modified or Graded benefit plan, during the first two years the insurance has a limited death benefit for death other than by accident.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

By my signature below, I certify under penalties of perjury that my Social Security Number (Taxpayer Identification Number) above is correct and I am not subject to back-up withholding.