

AMERITAS BUSINESS OVERHEAD APPLICATION

APPLICATION INSTRUCTIONS

<u>PAGE NUMBER</u>	<u>INSTRUCTIONS for completion</u>
1. Instructions	Check the Disability income box
2. Notice	Proposed Insured to retain
3. Personal Information	Question 1(a-n)-complete. Question 2. Ignore Question 3- complete
4. Personal info continued	Ignore this page
5. Policy Details	Complete questions 2,3,4 and 5---all sections.
6. Occupation and financial	Complete all sections
7. Lifestyle questionnaire	Complete all questions
8. Health questionnaire	Complete all questions
9. Authorization	Sign and date
10. Agreement	Sign and date, complete Taxpayer identification number
11. Producers statement	Complete all questions and sign
12. Conditional receipt	Complete and sign if initial premium is made with application
13. Why sign ?	Information only
14. Authorization	Complete section 1, sign in section 3
15 and 16. HIV	for review and signature
17. EFT	complete all and sign is premium mode is EFT. Include a void check