AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
ENROLLMENT FOR GROUP LIFE INSURANCE
NATIONAL GUARD ASSOCIATIONS OF LOUISIANA

Policy Number _____ Effective Date _____ Unit Code No. _____

I am now an active member of The National Guard. I hereby make application for life insurance for which I am eligible under the Group Insurance Contract issued to National Guard Associations of Louisiana, by the American Equity Investment Life Insurance Company of Des Moines, Iowa. The following statements and answers are true and correct to the best of my knowledge and belief.

NAME _____ GRADE _____ SSN _____
Last First Middle

MAILING ADDRESS _____
No. (RFD) City State Zip

BENEFICIEARY _____ RELATIONSHIP _____

NATIONAL GUARD UNIT _____ HOME TELEPHONE _____

MEMBER'S DATE OF BIRTH _____ PLACE OF BIRTH _____ DATE OF ENLISTMENT _____
Mo./Day/Year State Mo./Day/Year

1. Height _____ft._____in. Weight _____Lbs. ☐ Married ☐ Single
2. Do you or your dependents know of any impairments now existing in you health or physical condition? ☐ Yes ☐ No
3. Have you or your dependents had any illness or injuries during the past 3 years? ☐ Yes ☐ No
4. Have you or your dependents ever had any of the following: Tuberculosis, Rheumatism, Disease of Heart, Lungs, Stomach, Kidney, Liver, Brain or any other disease or illness? ☐ Yes ☐ No
5. Have you or your dependents been absent from your regular duties due to illness or injury during the past six months? ☐ Yes ☐ No
6. Have you ever been refused, postponed or rated-up by a life insurance company? ☐ Yes ☐ No
   If so, give name of company, date and cause _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, INDICATE BELOW THE NATURE OF THE ILLNESS OR INJURY, DURATION, SEVERITY, WITH DATES AND DETAILS AND THE NAME OF PHYSICIAN.

THIS APPLICATION IS REQUESTED FOR: ☐ NEW ENROLLMENT ☐ INCREASE

GUARD MEMBER:		DEPENDENT	SPOUSE
2. ☐ $10,000 ($3.66) 4. ☐ $20,000 ($7.00) 5. ☐ $25,000 ($8.67) 6. ☐ $30,000 ($10.34)	8. ☐ $40,000 ($13.67) A. ☐ $50,000 ($17.00)	2. ☐ $2,000 ($1.33) 3. ☐ $5,000 ($3.33) 4. ☐ $10,000 ($6.66)	1. ☐ $5,000 ($2.00) 2. ☐ $10,000 ($3.66) 5. ☐ $25,000 ($8.67)

COMPLETE FOR DEPENDENT OR SPOUSE COVERAGE

Spouse: _____ Spouse DOB: _____
Last First Middle Mo./Day/Year

Number of Children Under Age 21:_____ DOB of Oldest Child Under Age 21: _____
Mo./Day/Year

ACKNOWLEGEMENT AND AUTHORIZATION: I hereby authorize any physician, hospital, clinic, insurance company, the Medical Information Bureau, or other organization, institution or person that has any records or knowledge of me or of any member of my family or my (our) health to give this requested information to the American Equity Investment Life Insurance Company (or its reinsurers). A photographic copy of this authorization shall be as valid as the original. I hereby assign any experience premium refunds to The National Guard Associations of Louisiana to be used for purposes which benefit the policies and programs of the National Guard Associations of Louisiana. I acknowledge receipt of form 5609,"Your Insurance Application and How it is Handled". **Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Dated in _____ this _____ day of _____ 20_____
City, State

_____ _____
Signature of Witness Signature of Member