



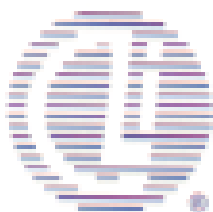
The **Future Executive**

**BUILDING PROTECTION FOR YOUNG PEOPLE'S NEEDS,
TODAY AND TOMORROW**

Policy Form: JE-30



**PARENTS - GRANDPARENTS...
GIVE YOUR CHILD OR GRANDCHILD A GIFT FOR LIFE!**



Continental Life

INSURANCE COMPANY OF BRENTWOOD, TENNESSEE
101 CONTINENTAL PLACE • BRENTWOOD, TENNESSEE 37027 • (615) 377-1300



The **Future** **Executive**

\$5,000 PLAN	Issue Ages 0 - 25	Beginning at 30
Annual	\$23.00	\$93.00
Semi-Annual	\$11.96	\$48.36

\$10,000 PLAN	Issue Ages 0 - 25	Beginning at 30
Annual	\$46.00	\$186.00
Semi-Annual	\$23.92	\$96.72

\$15,000 PLAN	Issue Ages 0 - 25	Beginning at 30
Annual	\$69.00	\$279.00
Semi-Annual	\$35.88	\$145.08

\$20,000 PLAN	Issue Ages 0 - 25	Beginning at 30
Annual	\$92.00	\$372.00
Semi-Annual	\$47.84	\$193.44



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Plan and Amount **Modified Whole Life** \$5,000 \$10,000 \$15,000 \$20,000

Premium \$ _____ Payable: Ann SA Qtrly BSP Amount Paid \$ _____

Application to Continental Life Insurance Company of Brentwood, Tennessee (CLi)

101 Continental Place • Brentwood, Tennessee 37027

Please Print – Use Black Ink

1. Proposed Insured's Full Name _____
First Middle Last

2. Birth Date _____ Birth Weight _____ Birthplace _____ Age _____ Sex _____ Height _____ Weight _____
Month Day Year If less than age 1 State

3. Proposed Insured's Home Address _____ Phone (____) _____
Number and Street City State Zip Area Code

4. Billing Address If Different _____
Number and Street/P. O. Box City State Zip

5. Proposed Insured's Occupation _____ Employed By _____

6. Beneficiary _____ Address _____
Full Name and Relationship

7. Owner If Other Than Proposed Insured _____ Address _____
Full Name and Relationship

Social Security # _____

8. Will the proposed insurance replace or change any life insurance or annuity now in force? Yes No

9. Does the Owner want Automatic Premium Loans, If available? Yes No

10. If the Proposed Insured is a minor, does the owner want the Proposed Insured to become the Owner at legal age? Yes No

11. What is the total amount of life insurance in force on the Proposed Insured? _____ With CLi? _____

12. Has the Proposed Insured engaged in any flying as a pilot, racing, parachuting or other hazardous sports within the last three years? Yes No
If "YES," please explain _____

13. Has the Proposed Insured ever been declined, restricted, rated up, or postponed for any kind of personal insurance? Yes No

14. Has the Proposed Insured ever been treated for or been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or HTLV-III (Antibodies to Human T-Cell Lymphotropic Virus Type III)? Yes No

15. Has the Proposed Insured ever had or been treated for:
(a) cancer, tumor, diabetes, blood disorder, nervous or mental disorder or alcohol or drug dependence? Yes No

(b) any congenital defects, disease or disorder of the heart, kidneys, stomach, liver, lungs, bones or joints? Yes No

16. Has the Proposed Insured had any other medical or surgical advice or treatment within the past two years or does the Proposed Insured now have any other physical impairments? Yes No

17. Give full details for all "YES" answers to questions 15 and 16. Include question number, diagnosis, dates, names and addresses of doctors, hospitals etc.

IT IS AGREED: (1) All statements in this application are, to the best of my (our) knowledge and belief, complete and true. This application and any amendments to it, with the answers made to the medical examiner (should an exam be required) shall be the basis of any insurance issued. (2) All information given to the agent in response to the questions in this application has been correctly recorded herein. (3) No agent can; (a) accept risks; (b) modify policies; or (c) waive any rights or requirements of Continental Life Insurance Company of Brentwood, Tennessee. (4) The policy applied for will be effective upon delivery to and acceptance by the owner and payment of the first premium during the lifetime and good health as stated in the application of the Proposed Insured. I authorize any physician, hospital, clinic, character or credit source, insurance company, Medical Information Bureau, or other organization or person that has records or knowledge of me or my health (Proposed Insured or Proposed Insured's health if Proposed Insured is a minor) to give the information to any authorized representative of Continental Life Insurance Company of Brentwood, Tennessee and its reinsurers. A copy of this authorization is as valid as the original (5) This authorization is valid for three months. (6) I have received the "Investigative Consumer Report Notification" and "MIB Disclosure Notice."

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud.

Signature of Proposed Insured _____ Signature of Owner (If Other Than Proposed Insured) _____
If Proposed Insured is a Minor - Parent, Grandparent or Guardian's Signature, Relationship and Telephone No.

Signed at _____ City and State _____ Signed on _____ 20____

AGENT'S STATEMENT – I certify that: 1) I asked the questions in the application and correctly recorded the answers; 2) the answers recorded did not conflict with my observations and knowledge of the Proposed Insured; and 3) I witnessed the required signature(s).

AGENT: Do you have reason to believe replacement of existing insurance or annuities is involved?..... Yes No
Do you want the policy mailed to the Owner? ..Yes No

Agent's Signature _____ Agent's Number 18949



The **Future**

Executive

*A permanent investment in life
Protection that will last a lifetime*

Policy Form: JE-30

- LEVEL LIFETIME PROTECTION FOR ALL QUALIFYING YOUNG AMERICANS AGES 0 THROUGH 25
- SELECT THE AMOUNT YOU DESIRE - \$5,000, \$10,000, \$15,000 OR EVEN \$20,000 Payable to the Beneficiary upon Death for Any Covered Loss*
- EQUITY BUILDING GUARANTEED CASH VALUES AFTER AGE 30 AT WHICH TIME THE ANNUAL PREMIUM BECOMES \$93 PER \$5,000 OF PROTECTION Cash Values for Emergencies, Business Opportunities, Retirement
- GUARANTEES LIFE-LONG PERMANENT INSURANCE PROTECTION REGARDLESS OF FUTURE HEALTH CONDITIONS AS LONG AS PREMIUMS ARE PAID
- LOW ANNUAL PREMIUM - HIGH PROTECTION BENEFITS - Take Full Advantage of the Very Attractive Life Insurance Rates Available to Young People

\$ _____ PLAN AT AGE _____

ANNUAL PREMIUM OF \$ _____ PRIOR TO AGE 30

ANNUAL PREMIUM OF \$ _____ AGE 30 AND AFTER

*Benefits will not be payable if death is due to suicide during the first two years of the policy.

Application Instructions.

Fill out all the questions on the application.

Sign and Date the application

Include a first premium check made to the order of Continental Insurance Company

**If you need help with your premium amount please contact Alan Leafman at
800-955-0418 x 222**

Mail the Application and Premium Check to:

WorldWide Insurance Services, Inc.

Alan Leafman

237 Melvin Drive

Northbrook, IL 60062