



Lincoln Mutual

Life & Casualty Insurance Company

4510 13th Avenue South • P.O. Box 1918

Fargo, ND 58107-1918

Toll-free 1-800-233-6050

APPLICATION TO CONVERT GROUP LIFE INSURANCE

Upon leaving your employment or otherwise becoming ineligible for group insurance you are eligible to convert your Group Life Insurance coverage to an individual Whole Life Insurance plan. This can done at the regular rate for your attained age, regardless of your physical condition, provided you apply for the change within 31 days of the date your group insurance terminates.

For information about the maximum amount you may convert, see either your certificate or group policy.

To apply:

1. Complete all sections of the conversion application. Be sure your Employer completes the bottom portion.
2. Mail the completed application and your check or money order for the first premium within 31 days to the above address.
Note that the applicable premium is determined by your nearest birthday age on the date that your group insurance eligibility terminates.
3. Premium rates are shown on the reverse side.

In accordance with and subject to all the terms and conditions of the conversion privilege contained therein, I make application to convert my insurance under said Group Policy to an individual plan, such policy to be used in accordance with the following requests and statements of fact.

INSURED'S STATEMENT	Name in Full			Social Security Number			Insured Under Group Policy No.		
	Resident Address						Reason for such Termination Termination of Employment or Membership in Eligible Class Termination of Group Policy Other (Specify)		
	Street		City		State				
	Present Occupation								
	Sex	Date of Birth	Age Nearest Birthday	Amount of Group Life Coverage	Last Date of Active Work			Automatic Premium Loan Provision Desired? (at no extra cost) <input type="checkbox"/> Yes <input type="checkbox"/> No	
					Mo	Day	Yr		
			Face Amount of Conversion	Premiums \$	To Be Paid				
			\$		<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly				
	Primary Beneficiary						Relationship		
	Secondary Beneficiary						Relationship		
If Beneficiary is Other Than Relative, Give Address									
<p>Any beneficiary designation in an individual policy issued pursuant to this application under the provisions of the section of the group policy entitled "Conversion" shall, if different from the designation for the group policy, be deemed notice of change of beneficiary for any claim presented under the section of the group policy entitled "Extension of Employee Life Insurance During Total Disability."</p> <p>Under penalties of perjury, I certify by my signature on this application, that the information provided in this application is true, correct, and complete.</p> <p>Signed at (City) _____, State of _____, this _____ day of _____, 20 _____</p> <p>Witnessed by _____</p> <p style="text-align: right;">Signature of Applicant in Full</p>									
EMPLOYER	Date Insured Terminated Employment		Date Insured Ineligible for Insurance			Date Group Policy Terminated		Group Life Insurance Amount	
	Name of Employer Providing Group Policy						Group Policy Number		
	Signature of Person Authorized to Certify for Group Policy Owner						Month Date Year		
Home Office Endorsement									



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To calculate your premium, find your (*) age and the corresponding basic annual premium per \$1,000 from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert and add a \$30.00 policy fee. Then multiply the basic annual premium by the desired mode premium factor for your premium payment.

(*) Note: Rates are calculated on attained age, not calendar age. If your next birthday is less than 7 months after your Group Insurance termination date, add one year to your calendar age to compute premium. If your next birthday is more than 7 months from this date, use your present age.

AGE NEAREST BIRTHDAY	ANNUAL PREMIUMS PER THOUSAND	
	MALE	FEMALE
15	9.07	8.00
16	9.41	8.31
17	9.75	8.64
18	10.12	8.99
19	10.48	9.35
20	10.82	9.72
21	11.13	10.05
22	11.44	10.38
23	11.75	10.74
24	12.07	11.07
25	12.42	11.44
26	12.79	11.80
27	13.19	12.17
28	13.62	12.57
29	14.09	12.98
30	14.67	13.52
31	15.25	14.04
32	15.89	14.62
33	16.57	15.23
34	17.30	15.85
35	18.05	16.48
36	18.85	17.12
37	19.66	17.76
38	20.54	18.42
39	21.45	19.11
40	22.39	19.83
41	22.38	20.56
42	24.40	21.32
43	25.50	22.11
44	26.63	22.98
45	27.86	23.90
46	29.19	24.91
47	30.60	25.99
48	32.10	27.14
49	33.61	28.30
50	35.37	29.62
51	36.96	30.76
52	38.59	31.91
53	40.30	33.13
54	42.09	34.45
55	44.00	35.89
56	46.01	37.46
57	48.16	39.19
58	50.47	41.10
59	52.95	43.24
60	55.88	45.88
61	58.72	48.62
62	61.77	51.65
63	65.04	54.96
64	68.59	58.55
65	72.44	62.44
66	76.62	66.67
67	81.17	71.18
68	85.99	76.00
69	91.03	81.05
70	96.75	86.71

Mode (✓)	Premium Desired	Factor
()	Annual	1.000
()	Semi-Annual	.520
()	Quarterly	.265

Example:

Conversion of \$10,000 Group Life for a 45-year-old male to \$10,000 Whole Life Plan payable quarterly:

$$\text{\$ } 27.86 \times 10.000 + \text{\$ } 30.00 = \text{\$ } 308.60 \text{ base annual premium}$$

$$\text{\$ } 308.60 \times .265 = \text{\$ } 81.78 \text{ quarterly premium to be submitted}$$

Your Calculations

Table Rate	X	# of Thousands To Be Converted	+	Policy Fee	=	Base Annual Premium
_____	X	_____	+	\$30.00	=	\$ _____

Base Annual Premium	X	Premium Mode Factor	=	Premium Due
_____	X	_____	=	_____

Please remit premium due with this application.

AGE NEAREST BIRTHDAY	ANNUAL PREMIUMS PER THOUSAND	
	MALE	FEMALE
71	102.09	92.05
72	107.64	97.60
73	113.50	103.47
74	119.81	109.77
75	126.66	116.62
76	134.16	124.12
77	142.25	132.22
78	150.90	140.86
79	160.06	150.02
80	169.73	159.69