The Most Important Gift You'll Ever Give

With **Just for Kids Life Insurance** from Catholic Life Insurance, you can give a child lasting protection and peace of mind. For a simple **one-time premium**, you'll provide up to **$20,000 of coverage** for children ages 0–17 until their 22nd birthday.

Just For Kids

CATHOLIC LIFE INSURANCE

Call Your Agent or the Home Office

(800) 262-2548 • cliu.com

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Why Choose Just for Kids?

PEACE OF MIND TODAY

No one ever expects to lose a child, but accidents and illness can happen. Just for Kids coverage helps ease the financial burden of funeral and medical expenses so families can focus on healing instead of worrying about costs.

GUARANTEED INSURABILITY FOR THE FUTURE

Each* $10,000 of coverage can be converted at age 22 into **$50,000 of permanent life insurance—regardless of health, occupation, or lifestyle.** That means the child you care about will always have access to coverage, even if future health issues make it hard to qualify.

ONE-TIME, LOW-COST PREMIUM

Unlike traditional policies, Just for Kids is paid with a single premium, making it a budget-friendly way to provide lasting security.

ABOUT CATHOLIC LIFE INSURANCE.

Catholic Life Insurance is a member-owned, not-for-profit organization that offers life insurance and retirement solutions, while supporting our members and impacting their communities. We proudly serve all people. We empower our members to live well—balancing faith, family, and financial well-being.

** Each $10,000 unit may be converted at age 22 to $50,000 of permanent coverage. Maximum amount available to each insured is $20,000 in any Just For Kids plan.*

CATHOLIC LIFE INSURANCE

Catholic Life Insurance Application for Individual Term Life Insurance and Membership
Please complete sections 1 through 9 in full. 1635 N.E. Loop 410 • P.O. Box 659527 • San Antonio, Texas 78265-9527

Certificate # _____
Questions? Call the Sales Department Toll-Free: 1-800-262-2548

1. **Child to be insured:** _____ (First Name / MI / Last Name)

Address: _____ (Street / Apt or P.O. Box # / City / State / Zip Code)

Social Security #: ☐☐☐ – ☐☐ – ☐☐☐☐ **Age:** _____ (Must be 14 days through 17 years old) **Date of Birth:** _____ (Month / Day / Year) ☐ Male ☐ Female

2. **Primary Beneficiary:** _____ (First Name / MI / Last Name) **Relationship to Child:** _____ (Must be parent or legal guardian)

Social Security #: ☐☐☐ – ☐☐ – ☐☐☐☐ **Date of Birth:** _____ (Month / Day / Year)

3. Amount of insurance desired: ☐ $10,000 for a $100 one-time payment ☐ $20,000 for a $200 one-time payment

4. Does the child currently have existing life insurance or annuity contracts in force or pending with this or any other company? ☐ Yes ☐ No

If yes, specify total amount (including pending with other companies): _____

5. Will this replace or change any life insurance or annuity contract in force with this company or any other company? ☐ Yes ☐ No

6. Has the child to be insured ever been treated, examined, or advised by a member of the medical profession for a disease or disorder such as:
a) Heart or circulatory disease or disorder, cancer, tumor, birth defect, down's syndrome, mental or nervous abnormality? ☐ Yes ☐ No
b) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) Infection (symptomatic or asymptomatic)? ☐ Yes ☐ No

7. In the past 3 years has the child ever been treated, examined, or advised by a member of the medical profession for other than those conditions listed above excluding regular pediatric exams, school physicals or immunizations? ☐ Yes ☐ No

NOTE: If the answer to question 6a, 6b, or 7 is "Yes," the Child is not eligible for this insurance.

8. **Owner:** _____ (First Name / MI / Last Name) **Relationship to Child:** _____ (Must be parent, grandparent or legal guardian) ☐ Male ☐ Female

Social Security #: ☐☐☐ – ☐☐ – ☐☐☐☐ **Age:** _____ **Date of Birth:** _____ (Month / Day / Year)

Phone: ( ) _____ **Email:** _____

Address: _____ (Street / Apt or P.O. Box # / City / State / Zip Code)

9. **I am the parent, grandparent or legal guardian and I represent that my answers are true and complete to the best of my knowledge and belief. I also understand that this coverage will not be in force until this application is completed in full, my premium has been received and insurance and membership coverage approved by Catholic Life Insurance at its home office during the lifetime of the child. If legal guardian, please attach a copy of guardianship papers.**
Warning: 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.

Owner's Signature: X _____ (Must be parent, grandparent or legal guardian) **Signed at City, State:** _____ **Date:** _____

Agent Use Only
1) Applicant was seen at time of application? ☐ Yes ☐ No
2) To the best of my knowledge, existing life insurance is in force on the applicant. ☐ Yes ☐ No
If yes, forward replacement forms if required.

Agent Report: Agent # _____ Br. # _____ Br. Name _____
Signature of Agent/Witness and Printed Name _____ Date _____

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For questions, or if you would like to purchase with Catholic Life Insurance, please contact your Agent or the Home Office at 1-800-262-2548.