

NO ILLUSTRATION CERTIFICATION

Section I: To be Completed by Agent/Representative

I certify that *(please check the applicable statement)*:

- _____ No illustration (hard copy or computer screen) was used in the sale of this life insurance policy.
- _____ The policy was applied for other than as illustrated.
- _____ ***Applies ONLY TO KANSAS applications for CHANGE to policy issued prior to 1/1/98:*** There was no presentation or depiction of non-guaranteed elements used in connection with this policy change.

Agent/Representative Signature

Date

Section II: To be Completed by Applicant

I acknowledge that *(please check the applicable statement)*:

_____ ***Applies TO ALL STATES EXCEPT NEW JERSEY applications for new policies:*** No illustration (hard copy or computer screen) that conforms to the policy applied for was used by the agent/representative in the sale of this life insurance policy. I understand that an illustration conforming to the policy as issued will be provided to me no later than at the time that the policy is delivered.

Applies ONLY TO NEW JERSEY applications for new policies (check all applicable statements):

- _____ A. No illustration (hard copy or computer screen) that conforms to the policy applied for was used by the agent/representative in the sale of this life insurance policy.
- _____ B. The agent/representative advised me that a basic illustration will be provided with the policy.

_____ ***Applies ONLY TO KANSAS applications for CHANGE to policy issued prior to 1/1/98:*** There was no presentation or depiction of non-guaranteed elements used in connection with this policy change.

Applicant Signature

Date

Life Financial Supplement

This form must be completed on all life applications of \$1,000,000 or more. For PERSONAL INSURANCE NEEDS, the form must be filled out by the Proposed Insured. For BUSINESS INSURANCE NEEDS, the form must be filled out by the Applicant and the Proposed Insured. To avoid delays in processing, please answer all questions fully and sign the form. If space insufficient, continue on Additional Information Sheet.

Proposed Insured _____

 Social Security Number _____

 Date of Birth _____

SECTION I. GENERAL

Please complete the entire section.

1. List other in force life insurance:

Type	Personal	Business	Describe Purpose Of Business Insurance
Life	\$ _____	\$ _____	_____
Accidental Death	\$ _____	\$ _____	_____
Approx. Premium	\$ _____	\$ _____	_____

2. Have you applied or do you plan to apply to other companies within 90 days prior to or after the Travelers Life & Annuity application? If so, indicate below by listing the company, amount and purpose:

3. Will any insurance mentioned in Question 2 be purchased in addition to Travelers Life & Annuity? YES NO
 (If YES, please explain) _____

4. Personal annual earned income (complete one):

Calendar Year Ended _____

Calendar Year to End _____ (Estimated)

a. Salaried

Year to Date

Salary \$ _____

Bonus/Commission \$ _____

Other (describe) _____

_____ \$ _____

TOTAL \$ _____

b. Self Employed

Gross Income \$ _____

Subtract Business Expenses \$ _____

Adjusted Gross Income \$ _____

Other Income \$ _____

NET EARNINGS \$ _____

c. Spouse's Earned Income

\$ _____

5. Any bankruptcies in the past 14 years? YES NO
 (If YES, give date filed, voluntary or involuntary, whether all obligations satisfied and discharged, and date discharged below.)

6. Any suits pending or judgements against the Applicant or Proposed Insured at this time? YES NO (If YES, explain below.)

SECTION II. PERSONAL INSURANCE

If applying for Personal Insurance, please check at least one box below and complete the appropriate section(s).

ESTATE TRANSFER TAXES

PERSONAL WORTH (CURRENT MARKET VALUE)

Assets:

1. Cash in savings, stocks, bonds, life insurance cash values \$ _____

2. Notes and accounts receivable \$ _____

3. Net business interest (not included above) \$ _____

4. Real Estate—Residence \$ _____

5. Real Estate—Other (not included above) \$ _____

6. Personal Property \$ _____

7. Other Assets (describe) _____ \$ _____

8. TOTAL ASSETS \$ _____

Liabilities:

1. Mortgage or liens on real estate \$ _____

2. Notes and accounts payable \$ _____

3. Unpaid interest and taxes \$ _____

4. Loans on life insurance \$ _____

5. Other long-term debt \$ _____

6. Other Liabilities (describe) _____ \$ _____

7. TOTAL LIABILITIES \$ _____

Net Worth:

Total Assets Minus Total Liabilities \$ _____

Estimated Estate Transfer Tax \$ _____

INCOME REPLACEMENT (Complete Narrative on Back Page)

DEBT REPLACEMENT OR OTHER (Complete Narrative on Back Page)

(continued on back)



