

INSTRUCTIONS FOR COMPLETING  
LIFE INSURANCE FORMS  
AND  
DESIGNATION OF BENEFICIARY FORM

All of the following forms must be received by VFIS within 60 days of the Application Date. If any are over 60 days, the life insurance carrier will require all new forms be completed.

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LIFE INSURANCE APPLICATION

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Volunteer Completes:

- Name of Proposed Insured, Gender, Date of Birth, Age, Social Security No., Tobacco Usage.
- Answer **NO** to "Do you currently have any existing life insurance policies or annuity contracts in force?"
  - Read and **check** Box numbers 1 and 2 under, "In applying for this coverage..."
- Signature of Proposed Insured, City, State.

Plan Administrator Completes:

- Signature of Owner or Owner's Representative and Date

Agent Completes:

- Signature of Licensed Agent

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES (Form 300055-VA)
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Volunteer Completes:

- Applicant's Signature and Printed Name
- Initial at "I do not want this notice read aloud to me."

Agent Completes:

- Agent's Signature and Printed Name and Date

## FLEXIBLE PREMIUM ADJUSTABLE LIFE INS POLICY FORM

Volunteer Completes:

- Applicant's Name (print) and Social Security No.
- Applicant (signature)

Agent Completes:

- Agent (signature) and Date

## ACCELERATED BENEFIT DISCLOSURE (Form 330006)

- Volunteer retains this document for their records.

## DESIGNATION OF BENEFICIARY FORM

Volunteer Completes:

- Check New Participant
- Print full name and Social Security No.
- CLASS-Primary and CLASS – Contingent (examples are provided on back of form)
- Participant Signature
- If Participant is a minor, parent signs at Parent Signature

COMBINED INSURANCE COMPANY OF AMERICA • Home Office: Chicago, Illinois  
 Application for Life Insurance Coverage

FORM # 36002

I am applying for this coverage based on the following information:

Application Date: \_\_\_\_\_

ACTION REQUESTED:  New Enrollment

Name of Owner The County of Fauquier, Virginia Universal Life Program	Address of Owner 62 Culpeper Street, Warrenton VA 20486
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Name of Proposed Insured (First MI Last) Male Female	Date of Birth: Mo/Day/Yr	Age
Social Security No. <input type="checkbox"/> Has the Proposed Insured used tobacco in any form in the last 12 mos.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Hire: Mo/Day/Yr	
BENEFICIARY Full Name The County of Fauquier VA Universal Life Program	Relationship Universal Life Program	

Face Amount of Insurance:	Effective Date	Premium	Mode
\$10,000.00			Annual

Is the Proposed Insured actively at work? Yes  No

Do you currently have any existing life insurance policies or annuity contracts in force?  
 (If "Yes", please complete Important Notice Form 300055-VA) Yes  No

It is very important that you review the application carefully. Misstatements or omissions could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent if any information is not correct, not complete, or if any requested medical history has not been included. I understand that any insurance applied for will not take effect unless and until Combined Insurance Company of America approves my application, the contract is issued, and the required premium is received by Combined Insurance Company of America.

In applying for this coverage, I represent and affirm the following (check box)

- The information which I have given as recorded on this Application is true and complete to the best of my knowledge and belief.
- No illustration conforming to the coverage applied for was provided and I understand that an illustration conforming to the coverage as issued will be provided at the time of the policy delivery.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

X \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Proposed Insured

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner or Owner's Representative

I, the authorized agent, have on the Date of Application recorded the information as given to me by the Proposed Insured. To the best of my knowledge and belief the applicant does - does not have any existing life insurance or annuity contracts. I attest that all pre-printed and company approved marketing communication literature was left with the applicant. No illustration conforming to the coverage applied for or electronic marketing communication was used in this sale.

Signature of Licensed Agent: \_\_\_\_\_ Code# \_\_\_\_\_ GEYT \_\_\_\_\_

**COMBINED INSURANCE COMPANY OF AMERICA**  
**5050 Broadway, Chicago, Illinois 60640**

**IMPORTANT NOTICE:**  
**REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the agent, if there is one, and a copy left with the applicant. You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on an existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully considering whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  YES  NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  YES  NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY#	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1. _____			
2. _____			
3. _____			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because

\_\_\_\_\_

\_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

_____ Applicant's Signature and Printed Name	_____ Date
_____ Agent's Signature and Printed Name	_____ Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:**

Are they affordable?

Could they change?

You're older-are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

**POLICY VALUES:**

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

**INSURABILITY:**

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS **THE** NEW POLICY:**

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

What are the tax consequences of buying the new policy?

Is this a tax free exchange? (See your tax advisor).

Is there a benefit from favorable "grand-fathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

**Combined Insurance Company of America**

5050 N. Broadway

Chicago, IL 60640

Flexible Premium Adjustable Life Insurance Policy (Form #36002)

Applicants Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

The undersigned Applicant acknowledges that no illustration conforming to the coverage applied for was provided and understands that an illustration conforming to the coverage as issued will be provided at the time of the policy delivery.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned Agent certified that no illustration conforming to the coverage applied for was used in this sale.

Agent: \_\_\_\_\_

Date: \_\_\_\_\_

This form MUST accompany the application.

COMBINED INSURANCE COMPANY OF AMERICA  
5050 Broadway, Chicago, Illinois 60640

ACCELERATED BENEFIT DISCLOSURE

Your policy contains an accelerated benefit rider that allows the Owner to receive the proceeds of the policy if the Insured, prior to the attainment of age 64, is diagnosed with a terminal condition. A terminal condition means a condition that, in the opinion of a physician, generally can be expected to result in death within 12 months or would require continuous confinement in a hospital, extended care facility, nursing home or hospice until death.

Upon receipt of a request for a full or partial accelerated payment, the requested proceeds of the policy will be paid to the Owner. For partial payments, the cash values and premium payment under the policy shall be reduced. Combined will issue an amended policy data page. If full payment of the proceeds is requested, the policy will terminate without value. No other payments will be made under the policy.

Unlike other life insurance proceeds, accelerated benefits may be taxable. You should consult your personal tax advisor before applying for this benefit. Also; receipt of accelerated benefits may affect Medicaid or Supplemental Social Security Income benefits or entitlements.

The policy provides that payment will not be made if the Owner requests accelerated benefits involuntarily to meet the claims of creditors, whether in bankruptcy or otherwise, or to keep or obtain a government benefit or entitlement.

We recommend that you obtain the advice of your tax advisor and/or attorney if you have any questions about this benefit.

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## DESIGNATION OF BENEFICIARY FORM

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**Please indicate if this request is for:**

- [ ] New Participant  
[ ] Change of Beneficiary

**Plan Name:** The County of Fauquier, Virginia Universal Life Program

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**Participant Name:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

Last Name      First Name      MI

Under the above-referenced Plan, your beneficiary may be entitled to a death benefit. Death benefit proceeds paid under this Plan are taxable as ordinary income.

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under this Plan. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation made:

*PRIMARY:	Social Security No.	Relationship	Date of Birth	Percent

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**CONTINGENT:	Social Security No.	Relationship	Date of Birth	Percent

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PARTICIPANT SIGNATURE (If a minor, parent's signature required)	DATE
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- \* Primary Beneficiary is the person (or persons) designated to receive the death benefit at the time of your death.
- \*\* Contingent Beneficiary is the person (or persons) designated to receive the death benefit if no Primary Beneficiary is living at the time of your death.



## SUGGESTED WORDING FOR DESIGNATED BENEFICIARIES

TYPE	LANGUAGE
1. One beneficiary of a class	Jane Ann Jones, spouse, 100%
2. Two or more beneficiaries of a class	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
3. Unnamed children	Children of the Participant
4. Unequal distribution (always as percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%
5. Participant's Estate	Executors or Administrators of the Participant's Estate
6. Trustee	ABC Bank, as trustee under trust agreement dated
7. Testamentary Trustee	The qualified testamentary trustee(s), under the Participant's Last Will and Testament.

If death occurs and a minor child (a person under the age of majority) or estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.