FIELD RATING AMOUNT

Agent has anticipated additional premium will be required for a possible mortality rating on my request for life insurance coverage. I accept any additional risk classification premium as listed below.

Cash Collected With Application _____

Additional Risk Classification Premium _____

Total Premium _____

If premiums are being drafted from my bank account, I authorize American Income Life to draft my account for an amount not to exceed the total listed above. If excess premium is not needed, I authorize the premium to be used to increase the face amount of the base policy.

_____
Applicant Name (Please Print)

_____ _____
Signature of Applicant Date

_____ _____
Signature of Agent Date