

Policy No.

Please complete and return quickly to allow
processing of the insurance application.

I understand that an application on my life has been
submitted to Texas Life Insurance Company and I consent
to having a policy issued.

Employer Name

Employee's Name

Dependent's/Spouse's¹ Name

Dependent's/Spouse's Social Security Number

Dependent's/Spouse's Date of Birth: _____/_____/_____

X

Signature of Dependent/Spouse

Date

¹Texas Life complies with all state laws regarding
marriages, domestic and civil union partnerships, and
legally recognized familial relationships.

Please return to:
Texas Life
P.O. Box 830
Waco, TX 76703-0830