



Temporary Life Insurance and Premium Receipt

PLEASE READ THIS RECEIPT CAREFULLY!

Received from _____ this _____ day of _____, _____ \$ _____ by check, preauthorized order for withdrawal, or salary deduction plan. This payment is the amount of the first full modal premium for the policy applied for in the application for life insurance to Guarantee Trust Life Insurance Company ('GTL' hereafter). This payment is made and accepted under the terms of this Receipt. This Receipt cannot be transferred. ANY PAYMENT BY CHECK MUST BE MADE PAYABLE TO GUARANTEE TRUST LIFE INSURANCE COMPANY. DO NOT MAKE ANY CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK. If your check or draft is not honored when first presented for payment, this Receipt will not be valid.

Effective with the date that the premium is accepted, and subject to the terms and conditions stated below, the amount of insurance applied for shall take effect for death as a result of accidental or natural causes originating after the date of this application.

The Company's liability for insurance under this Receipt on any proposed insured is limited to the lesser of: (1) the amount applied for in the application; or (2) \$100,000, less any coverage in force including coverage provided under any other Temporary Insurance Agreement and receipts with GTL.

Any Insurance in effect because of this Receipt will end at the earliest of: (1) the date the application is approved; or (2) if the application is disapproved, after both a) the Company has provided written notice to the applicant of an adverse underwriting decision, and b) the premium paid for the coverage is refunded.

When an application for an individual life insurance policy and an initial premium has been received, a written receipt for the premium shall be provided and will; (1) Exclude coverage if the proposed insured commits suicide; (2) void coverage if the application contains material misrepresentation or is fraudulently completed; (3) limit the coverage otherwise provided by specifying for each proposed insured the amount and type of temporary coverage granted; and (4) void coverage if a check or draft received in payment of the premium is not honored for payment when presented.

I acknowledge possession of this Receipt. I certify that I have read it and the terms of the application. I also certify that the agent has explained the terms and conditions of this Receipt and the terms in the application to me and that I understand and accept them. No agent of the Company and no broker is allowed to change or waive any of these terms.

Signed at _____ this _____ day of _____, _____

Agent's Signature

Signature of Applicant

Guarantee Trust life Insurance Company • 1275 Milwaukee Avenue, Glenview, Illinois 60025 • www.gtlic.com • Tel: 847-699-0600